executed within 24 hours ofte

certificate be

death

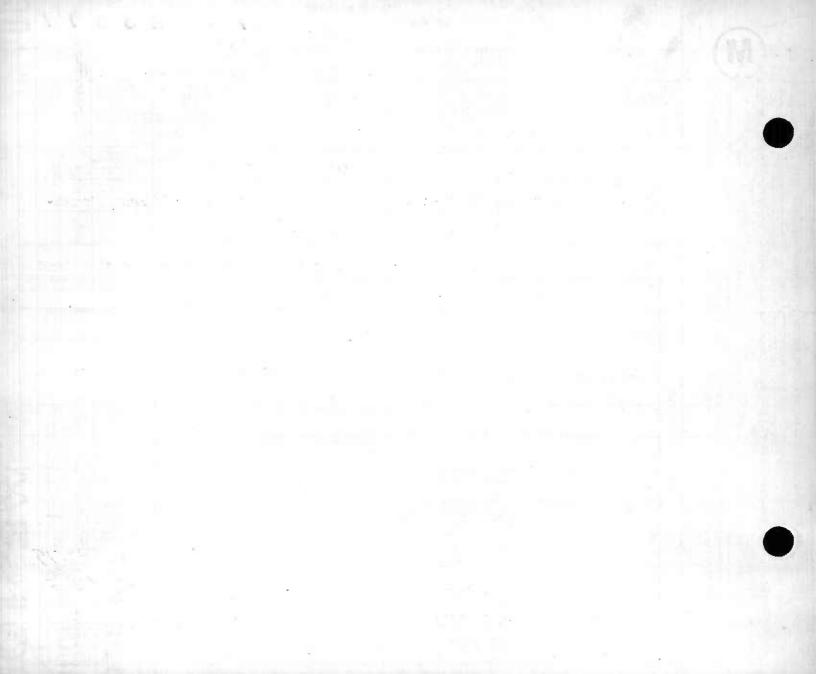
requires that the

TTENDING PHYSICIAN: The low

TO HOSPITAL

STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| | | REGISTRAK | | 40111111 | CALL OF PEATH | REG. NO. | | |
|---|---------------|--|--|----------------------------------|--------------------------------|--|-----------------|-----------------------------------|
| | | CEASED NAME FIRST | WIDDLE | LAS | st | | AY YEAR | 2b. HOUR |
| الله الله | | Balla | rd NMN | AYER | S, JR. | September 28, | 1979 | M |
| ffer o | 3 SE | | 4 RACE | 5. DATE OF | | | | IF UNDER 24 HRS |
| urs o | | Male | White | Sept. | 2, DA 1922 YEAR | 5/ | | |
| in 72 ho | | RTHPLACE (STATE OR FOREIGN | U.S.A. | MARRIED WIDOWED | NEVER MARRIED DINORCED | Washington | OF DEATH | MD |
| by the fu | | agerstown | 11. NAME OF HOSPITAL, NURS IN (IF NOT IN SUCH FACILITY, GIVE STREET, Washington Coun | IG HOME OF ADDRESS) TY HOS | other institution spital | 178 USUAL OCCUPATION (1795 OF WORK FOR MOST OF WORKING LIFE CLIVEL | | BUSINESS OR |
| filled in nould be ramort be | 130 5 | AL RESIDENCE (IF NURSING HOME OF STATE Bryland Wash | rother institution, give residence before Ty ington Hagersto | ADMISSION) WN | 134 INSIDE CITY LIMITS? YES NO | 929 West Washing | ton Str | eet |
| ond 2 st and 2 st | 14. FA | THER'S NAME Ballard | Ayers, S | | Beulah | WIDDLE | LAST | |
| Poges I | | VAS DECEASED EVER IN U.S. AR | E WAR OR DATES) | | 17 INFORMANT | ADDRESS | | |
| ers. Po | | yes W.W | .II 225-24-5 | 901 | Mrs. Irene B. | . Ayers, Hagersto | | yland |
| d by the attending lease remove corbo ial, cremotion, ar re or other traumatic e | | Canditions, if any, which gave rise to immediate cause 101, stating the underlying cause last. | DUE TO, OR AS A CONSEQUE | OCASA ENCE OF | clientes C | an etian | disea | o, . |
| Then p to bur njury, | N O | | CONDITIONS CONTRIBUTING TO E | DEATH BUT N | Of RELATED TO THE TERM | INAL DISEASE OR CONDITION GIVE | N IN PART 1101 | |
| has been the permit the permit the prior tows only | CERTIFICATION | 190 DATE OF OPERATION | 196. CONDITION FOR WHICH | OPERATION | WAS PERFORMED | | WERE FINDING | |
| g physici certificate rial-trans ental Hyg fem 18 sh | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | HOUR A.M. MONTH DA | YEAR | 21c HOW INJURY OCCURR | ED (ENTER NATURE OF INJURY IN ITEM 18, PA | RT I OR PART 2) | |
| attendir the this as the bu h and Mu | MEDICAL | 216 INJURY OCCURRED WHILE ONOT WHILE OF AT WORK | 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F. | | 71f LOCATION STREET | CITY OR TOWN | COUNTY | STATE |
| CTOR: Al | | 220-1 certify that (1) (this haspi saw the deceased alive an | tal) attended the deceased from | 7 9 . ond | that in (my) (aur) apinion c | death accurred on the date and hour | / . | out (I) (we) lost ouses stated |
| RAL DIRE. detached tote Dept | | 27b. SIGNATURE | on polery | | | MEDICAL STAFF DIRECTOR PHYSICIAN | 7/22 | 9/79 |
| TO FUNER thould be owith the Str | | ROLAN DO | V. SARAMI | POTE | | HIL AVE . H. | 46.12 | 0 2178 |
| BP | (: | Burial, CREMATION, REMOVAL SPECIFY Burial | Oct. 1, 1979 S | hankst | own Cemetery | Big Pool, Wash | | |
| DHMH-16 20M (VRA 15, 4) 7/78 | 24 FU 4. | JNERAL DIRECTOR Minnich L5 E. Wilson Bl | Funeral Homeness vd., Hagerstown, | Maryla | and 21740 | OCT BY REGISTRARIZED REGISTR | AR'S SIGNATU | RE Bready |



| FOR STATE REGISTRAR |
|---------------------------|
|---------------------------|

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 2 | 3 | 3 | 7 | C |
|---|---|---|---|---|
| | | | | |

| 7 | | REGISTRAR | | | | CERTIF | ICATE OF DEATH | REG. N | 10. | | |
|----|----------------|---|-----------------------------------|----------------------------------|----------------------|-------------------------------|--|--|-------------------|-------------------|--------------------|
| J | DE | CEASED NAME | FIRST Ilian | | DAYE! | Rad | AST I | 24. DATE OF DEATH | | YEAR | 26. HOUR- |
| | 3 SE | | | RACE White | e // / | S DATE OF MONTH | | 6. AGE JIN YEARS LAST BIR | 7 . | F UNDER I YEAR | F UNDER 24 HRS |
| 15 | C | RTHPLACE (STATE OR FO OUNTRY) CENNSYLVANI | | USA | WHAT COUN | ITRY? | D A NEVER MARRIED | Mashingto | OR COUNTY | OF DEATH | MD |
| 19 | Н | ity or town of DEA lagerstown | | Washin | gton C | county Ho | or other institution ospital | IZE USUAL OCCUPAT ITYPE OF WORK FOR MOST OF TEPTESEN | OF WORKING LIFE | | OF BUSINESS OR |
| S | 13 a [M | | Mashi Mashi Mashi | other institution ty ngton | Hager | ENEFORE ADMISSION) TOWN STOWN | 134 INSIDE CITY LIMITS? YES MO [| 335 Key Av | æ. | | |
| 11 | 14 F# | William H | . Bak | er, sr. | LAS | T | 15. MOTHER'S MAIDEN NAV | G. Hoover | | LAS | iT |
| 1 | 160 V | WAS DECEASED EVER I | | | 166 SOCIAL 215–14 | -1534 | Mrs. Mary K | . Baker, Ha | | wn, Mo | l. |
| | | Conditions, if any, gove rise to imm cause (a), stating underlying couse | which ediate | DUE TO, O | R AS A CONS Diabe | SEQUENCE OF | renal failin | | | | |
| | ATION | Gastr | o-in | testin | al bl | eeding | NOT RELATED TO THE TERM Diabetic a | acidosis | | | |
| 2 | CERTIFICA | none | | | | HICH OPERATIO | N WAS PERFORMED | YES NO X | IN CERTIFY YES | | OF DEATH? |
| 2 | MEDICAL CE | 21g. ACCIDENT WAS UNDI OR CONTRIBUTING CC LIFETHER, NOTIFY MEDICA 21d. INJURY OCCURR | AUSE OF DEAT (LEXAMINER) ED | P. | M. MONTH | | 211. HOW INJURY OCCURR NONE 211 LOCATION STREET | | | RT 1 OR PART 2) | STATE |
| | W | while NOT WH AT WOR AT WOR AT WOR AT WOR Sow the decease | (this hospite | no ol) ottended the | ne e deceased f | rom_Oct | 19 76 | Sept. | 22 | 9_79_ | that (I) (we) last |
| | | above, (I) (we) (d 22b. SIGNATURE | (did nat) | | | | DEGREE ATTENDING PHYSICIAN | MEDICAL STA | | 22c. DATE 9-21 | SIGNED |
| 1 | | 224 PHYSICIAN'S NA Willi | | . Lesh | M.D. | A | 411 Divis: | | Hagers | stown | Md |
| | | BURIAL, CREMATION, P | REMOVAL | Sept 2 | 6,1979 | | EMETERY OR CREMATORY | 234. LOCATION CITY OR TOWN | | COUNTY | STATE |

DHMH-16 20M (VRA 15, 4) 7/7B

415 E. Wilson Blvd., Hagerstown,

236. DATE 23c NAME OF CEMETERY OR CREMATORY Sept 26,1979 Rest Haven Cemetery Hagerstown, Md.

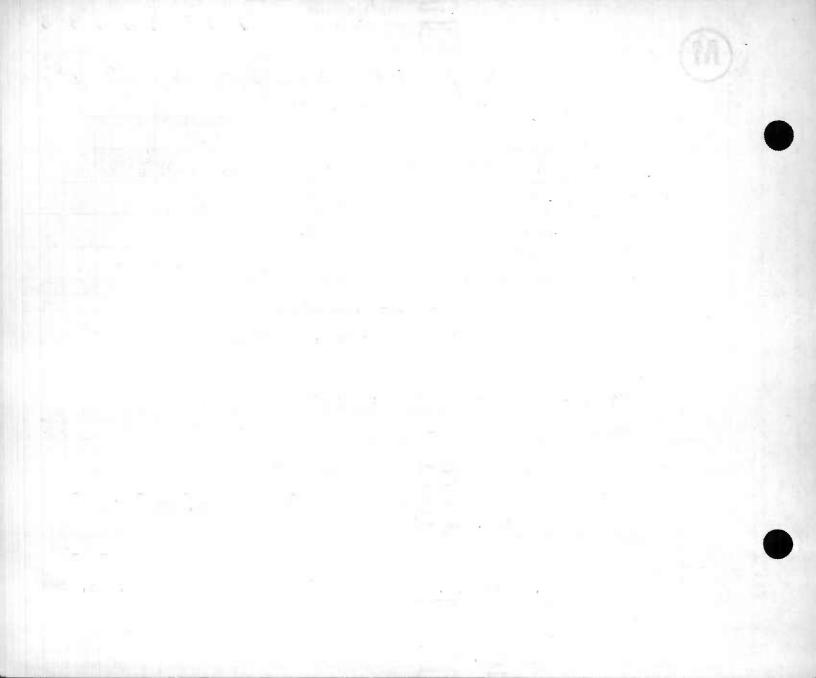
h FuneralowHome

Blad Hagerstown Md.

SEP 2 6 1979

234. LOCATION

COUNTY

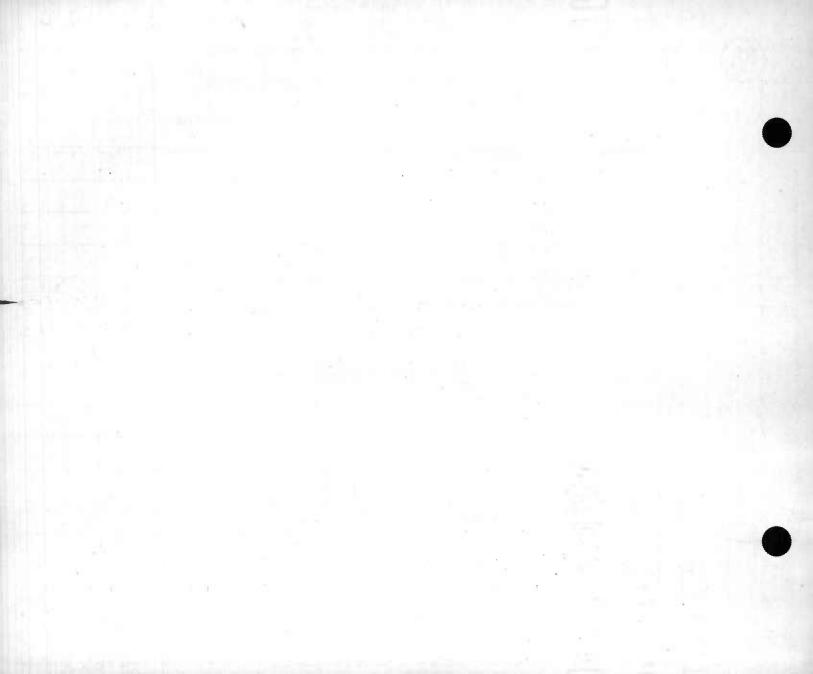


| 7.4 | 1 | FOR STATE REGISTRAR | DEPA | | EALTH AND MENTAL HYG ICATE OF DEATH | IENE / 9 2 | 3 3 | 9 9 |
|--|---------------|--|---|---------------|--|---|---------------------------------------|---------------------------|
| | | CEASED NAME FIRST | MIDDLE | ' L | AST' | 2R DATE OF DEATH MONTH | DAY YEAR | 26 HOUR |
| 100 | | JAMES | | | BARGER, SR | 9/26/29 | | 12 PM |
| 100 | 3. SE | MALE | 4 RACE | 5 DATE C | DAY YEAR | 6. AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAYS | IF UNDER 24 HRS HOURS MIN |
| Don't | 7. D | IRTHPLACE (STATE OR FOREIGN | CALCASIAN TO CITIZEN OF WHAT COUNT | | ue 30 1915 | 9 BALTIMORE CITY OR COU | | |
| 35 | | OUNTRY) ARYLAND | U, S. | MARRIE | D NEVER MARRIED DIVORCED | WASHING | | MD. |
| notified a | 1 | AGERSTOWN | 11, NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVE ST | REET ADDRESS) | | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK IN | | F BUSINESS OR |
| De no | | AL RESIDENCE (IF NURSING HOME OF | WASHINGTON | | ITY HOSPITAL | Accountant | LAuto | |
| Solid b | 13a. | Md. | NTY 136. CITY OR T | OWN | 134. INSIDE CITY LIMITS? | 13. STREET ADDRESS 38 Woodsid | le Drive | |
| 2 sh | 14. F. | ATHER'S NAME | | | 15 MOTHER'S MAIDEN NAM | ME | | |
| and 2 | | John | F. B | arger | Maude | WIDDLE | Mulliga | |
| | 16n | WAS DECEASED EVER IN U.S. AR | | | 17 INFORMANT | ADDRESS | | |
| Poges I | 1 | YES, NO OR UNKNOWN] (IF YES, GIV | 214-0 | 9-4912 | | | | |
| gned by the attending on please remove carb burial, cremation, ar r iry, or other troumatic | 7 | Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (| DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING | QUENCY OF | enaportes NOT RELATED TO THE TERM | fort more | Leson De GIVEN IN PART 110 | You |
| has been sit permit The rene prior to aws any inju | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WH | IICH OPERATIO | N WAS PERFORMED | | YES, WERE FINDIN RTIFYING CAUSES O | |
| ol-trons ntal Hyg em 18 sh | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | HOUR A.M. MONTH | DAY YEAR | 21c. HOW INJURY OCCURR | ED (ENTER NATURE OF INJURY IN ITEM | 18, PART 1 OR PART 2) | |
| er this cost the pure | MEDICAL | 214. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF | | 211 LOCATION STREET | CITY OR TOWN | COUNTY | STATE |
| USe of Health | | | ital) attended the deceased fro | | . 19 | , to | | that (I) (we) last |
| CTO d for of 1 | | | t) view the body alter death. | 9, or | d that in (my) (aur) apinian a | death accurred on the date and | hour and from the c | ouses stated |
| RAL DIRE | | The Sign erations | mback | HB | ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 26. DATE S | Sept 79 |
| should be d with the Sto | | FY Drak | Brumb: | ock | 220 ADDRESS // 9 / | ting 57 | Hage | 1 loon |
| - 5 / 3 | Ľ | BURIAL, CREMATION, REMOVAL SPECIFY) K//KEMIDAT | 9/27/79 | 3¢ NAME OF C | EMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | COUNTY | STATE |
| HMH-16 20M A 15, 4) 7/78 | 24 F | NAME Anatomy Be | oard Bâlt | ., Md. | 25a. DATE | OCT 0 4 1979 | SISTRAR'S SIGNATU | JRE Bready |

STATE OF MARYLAND

AND DESCRIPTION OF THE PERSON OF THE PERSON

| | 1 - | FOR STATE REGISTRAR | | | DEPARTA | AENT OF H | OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH | REG. N | | 3 4 | 0.0 |
|---|-------------------|---|----------------------------------|---------------------------------------|---------------------------------------|------------------------|---|--|-------------------|---------------------------------------|-------------------------------|
|) | | CEASED NAME OR PRINT) | usan | | BEA' | | AST | 20. DATE OF DEATH Septe | | 1 | 26. HOUR 9 |
| rs ofter d | 3. SE | female | | RACE white | | 5. DATE O | ery 21, 1905 | 6 AGE (IN YEARS LAST BE | RTHDAY) | IF UNDER 1 YEAR | IF UNDER 24 HRS HOURS MIN |
| within 72 hours | Ë | RTHPLACE (STATE OR POUNTRY) | ia | CITIZEN OF | WHAT COUNTRY? | MARRIEI WIDOWE | DE DIVORCED | BALTIMORE CITY Washing | _ | OF DEATH | м |
| notified with | На | TY OR TOWN OF DEA gerstown | | learvi | HEACHITY, GIVE STREET. W NUTSIJ | address) ng Han | R OTHER INSTITUTION | 176 USUAL OCCUPAT LIVE OF WORLFORMOST SEWLING MAC ODETATO | OF WORKING LIF | | mfg. |
| ed bluod | 13 ₀ S | AL RESIDENCE (# NUR TATE TYLAND | Washi | ngton | Hagerst | ADMISSION) N DWN | YES NO | 13. STREET ADDRESS 342 SO | uth St | reet | |
| end 2 sho | 14. FA | THER'S NAME FIRST AMOS | Hykes | DLE | LAST | | is mother's maiden nav | Myers | | LAST | |
| onpopers. Pages I emoval. event, the medical | 16a V | VAS DECEASED EVER (ES, NO OR UNKNOWN) | IN U.S. ARME (IF YES, GIVE W. | | 166 SOCIAL SECU | RITY NO | 17 INFORMANT Floyd Beaver | , Hagersto | | | |
| Then please remove carbon r to burial, cremation, ar r injury, or other traumatic | ION | couse (a), static underlying couse | nediate ng the lost | DUE TO, OIL DUE TO, OIL NOITIONS CO | apair | INCE OF | NOT RELATED TO THE TERM | INAL DISEASE OR COR | NDITION GIV | MIN YEART 1(0 | nz |
| it permit | CERTIFICATION | 19a DATE OF OPERA | TION | 196 CONDI | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | YES NO | IN CERTIF | S, WERE FINDING YING CAUSES (S | GS USED OF DEATH? NO [] |
| entol Hyg | MEDICAL CE | 2) a ACCIDENT WAS UNIT OR CONTRIBUTING (FEITHER, NOTIFY MEDIC | CAUSE OF DEATH ALEXAMINER) | Ρ. | M. MONTH DA M. | YEAR | 21c HOW INJURY OCCURE | RED (ENTER NATURE OF IN) | URY IN ITEM 18, P | ART I OR PART 2) | |
| os the but thoud M orked or | MED | 21d INJURY OCCUR | HOLE CT | 21e PLACE | OF INJURY REET, FACTORY, OFFICE, F | ARM, ETC.) | 210 LOCATION STREET | CITY OR TO | NWO | COUNTY | STATE |
| ched for use Dept of Heoli Item 21 is mi | | 27e. certify that (1) saw the decease obove. (1) (we) 7 27b. SIGNATURE | ed alive on | 11. | SCAT 10 | / | d that in (my) tour y opinion of | | | r and from the c | |
| should be deto with the Store [IMPORTANT: If | | 224 PHYSICIAN'S N | AME (TYPE OR PE | | , MD | | 22e ADDRESS | medical structure physical struc | | 9/1) own, Md. | 21740 |
| - 10 3 ≤ | | URIAL CREMATION, | REMOVAL | | . 1 | | emetery or crematory Mill Cemetery | | | | |
| H-16 20M 15, 4) 7/7B | | DINERAL DIRECTOR SE. Wilso | | | eral.Hom erstown, | | 0== | 1 8 1979 | R 25b. REGIST | RAR'S SIGNATU | RE |



STATE OF MARYLAND

21c. Film G536



| | | | P anora in | | | |
|------------|-------------|----------------------------|------------------------|---------|-------|-----|
| | | | 1.000 | | | 0.1 |
| Value | | | | 42.1 | | |
| 100000 | 4.1716 | 100 | | St. Iss | | |
| | SALKA. | X TELE | Dancourt | 3 | U LOW | |
| Caller ! | | and act | 300 m | | a da | da |
| El on one? | 3472 | Day days | TPI-WE-ISE | | | |
| | | ngar dyalo. Malaha alow | ne fact sylet Ynfol | | | |
| | | | | | | |
| | | | | | | |
| | | Zavota kaj | | | | |
| | of Williams | o tre til d | | | | |
| | | | 25.00 | Haush | | |
| Total and | | - Carlind | | | | |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO

FOR - STATE REGISTRAR 20. DATE OF DEATH I. DECEASED NAME 2h HOUR (TYPE OR PRINT) 3. SEX 5. DATE OF BIRTH DAYS 1906 BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED DIVORCED WIDOWED 12b. KIND OF BUSINESS OR DMSOT 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE 60 WAS DECEASED EVER IN U.S ARMED FORCES? 117 N. Canucoch eague (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION IN PART 1101 CERTIFICATION 98 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPS 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO [210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21h TIME OF INJURY HOUR A.M. MONTH PAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 MEDIC, 21f LOCATION 21d. INJURY OCCURRED 21s-PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceosed plive on 500 16 obove, (I) (we) (did not) view the body ofter death. and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23g. BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY

Proi Box 348

TRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/76 (VR A 15 (4))

Medical Analysis Services Provides I Save J. Leave J. A CONTRACTOR OF THE PROPERTY O malphilanula Hid Wan puderas Hoger day with the control of the party of the party of the control of the contro To suprementation that is the strong of the Confession Con Modern Description of House States on THE THE PAST OF THE PAST OF The second of th Charles and the control of

STATE OF MARYLAND

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE LAST 20. DATE OF DEATH MONTH 2b. HOUR Gladys Loretta Brandt. September 18.197 2:00A 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR HOURS white 1901 February BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVERMARRIED U.S.A. Pennsylvania Washington WIDOWED [X] DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY RavenWood Lutheran Home Housewife Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION 136 COUNTY 13e STREET ADDRESS 13c. CITY OR TOWN 1)34 INSIDE CITY LIMITS? Washington airplav Route 1 Fairplay, MD NO TO YES T 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Bolitho Edith Knight ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT (IF YES, GIVE WAR OR DATES) Charles W. Brandt 830 Fountain Head RD 214-28-5951 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse lol, stating underlying couse ER SIGNIFICANT CONDITIONS CONTRIBUTING TO DESTU BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 201 F YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M

21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

MEDICAL

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

NOT

CITY OF TOW

22c. DATE SIGNED

YES [

COUNTY

NO I

STATE

ATTENDING PHYSICIAN | DIRECTOR | PHYSICIAN

FLAME (TYPE OF PRINT)

23b. DATE 9/20/79 23c NAME OF CEMETERY OR CREMATORY

Cedar Lawn Mem. Park

Te ADDRESS

23d, LOCATION

STATE

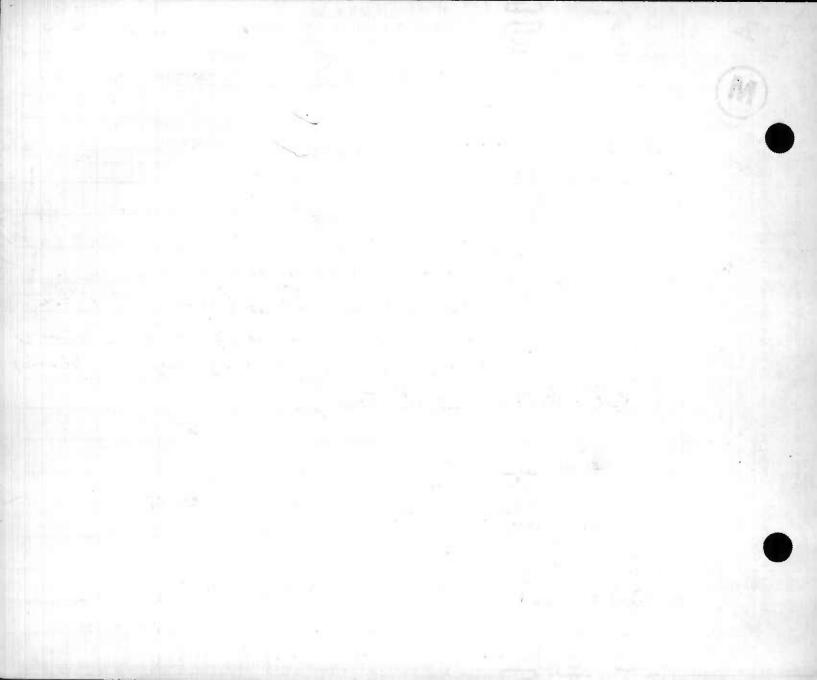
24 FUNERAL DIRECTOR

DHMH-16 20M

(VRA 15, 4) 7/78

orne Funeral Home P.O. Box 348 Wmspt. MD

Hagerstown Washington 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE



Brown Funeral Home, Inc. Martinsburg, W.V.

(VRA 15 (4))

Still Permice from Sectimber 20 1979 ...

remain main main for the set virinia ... xs satington County,

largerscown 0.0.a. Mashington County hospital Bouse duties none

maryland Washington Eachysville x Houte 1, now 17

Sushrod Taylor Dunnam Sarah Catherine Rom

No 210-5-100 Mrs. Catherine B. Backtell-11.1-Medvsvill

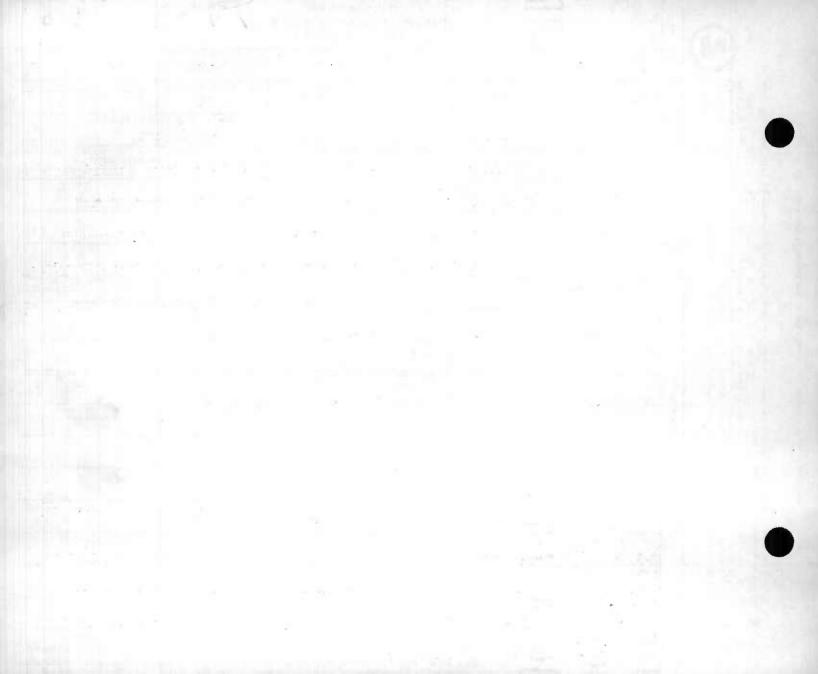
Durial Sept. 27, 1979 Posedule Lemetery Partinguity Derketey 5.Va.

Form Pureral Megine. Artifestor,

| 24 | | FOR STATE | | | A 200 CO 100 CO | MENT OF | HEALTH | AND MENTAL | | 7 | 2 | 3 | 4 0 | 5 |
|--|-----------------------|--|--|---------------------|---|-----------------|-------------------|----------------------------|--------------|-------------|----------------|---------------|--------------------------|-----------------|
| | - | REGISTRAR | | M | | EXAMIN | ER'S C | CERTIFICATE O | | | REG. NO | | 100 | |
| (M) | | CEASED NAME OR PRINT) | Albei | ct | John | | CEC | CIL | 20 | OF | MATED K | 0 1 | .20 ₁₉ 79 | 26. 719.00 P |
| PLEA RECTO R FILE HOUR STREE | 3 SF) | | White | 5. DATE OF BIRT | Y YEAR | 6. AGE (IN YE | | | | C. DATE | ICED | MONTH | DAY YEAR | 24 510 60 |
| ARY, YOU YOU TON 2 | | male | | June 4, | | | RS. | 9 | | DE AD | ODE CITY O | | .20 ,, 79 | 1P. M |
| S NECESSARY, PLEATER FUNERAL DIRECTO. 5 FOR YOUR FILES. D. WITHIN 72 HOURS. W. PRESTON STREET. | P FO | RTHPLACE (S REIGH COUNTRY) Maryl | | USA | | IRY? | 8. MARRI WIDOW | IED NEVER MARR | SIED IXI | | Washi | _ | Y OF DEATH | MD. |
| AVIS N THE FIGURE S 301 W | | TY OR TOWN | | | OSPITAL, NUI | | , OR OTH | ER INSTITUTION | | L OCCUP | | E OF WORK | 12b. KIND OF BI | JSINESS RY |
| | | agers | | Washin | gton | Count | у Но | spital | 100.00 | | | | | |
| F ANY DEI AND 3 TO RETAIN HOULD BE RECORDS | 13a. S | TATE | (IF IN HURSING HOME O | TY | | OR TOWN | ON) | 13d. INSIDE CITY LIMITS? | 13e. STREE | | | | | |
| 2120 IF AN SHOULL RECO | | ryland | | ington | Ha | gersto | wn_ | YES NO | | 25½ W | . Fra | nklin | Street | |
| MATH. | 14. FA | THER'S NAM | | MIDDLE | | LAST | | 15. MOTHER'S MAID | | | IDDLE | | LAST | |
| APA OF OF | 16n. V | Jame | DEVER IN U.S. ARA | ecil | IAN SOC | IAL SECURIT | Y NO | Agne 17. INFORMANT | s Bu | rke | ADDRESS | | | |
| | (Y | ES, NO, OR UNKNO | W.W. | WAR OR DATES) | | 22-662 | | Margaret | O'Cor | nor. | | | arvland | |
| BALT DURS A B. GIV WITH WITH T. PAGI | | 18 CAUSE C | OF DEATH (Enter an | y ane cause per li | | | | 1 | | | | | APPROXIMA BETWEEN ONS | E INTERVAL |
| ST ST ST | | PARTID | EATH WAS CAUSED | BY: E CAUSE (o) | | | umoni | a, both lu | ings. | | | | 3-5 Da | |
| ZZ ZZ ZZ | | 48 | 5- | DUE TO, C | OR AS A CON | SEQUENCE | OF | | | | | | | |
| W. PREST O WITHIN FENCIL IN AMINER A MINER PENTAL HY REMOVA | 7 | gove r | ins, if any, which ise to immediate | (b) | | 7 | | | | | - 15 | | | |
| A A X P TE | | lying co |) stating the <u>under-</u> use last. | DUE TO, O | OR AS A CON | SEQUENCE | OF | | | | | | Hard H | |
| w 0 = ' = 0 | | PART 2 OTHER S | IGNIFICANT CONDITIONS | CONTRIBITING TO DEA | TH RIIT NOT PELA | TEN IN THE TERM | INAL DICEACE | E OR CONDITION GIVEN IN P | ADT 1 (a) | | | | | |
| IL RECORDS, 31 OULD BE EXECL "PENDING" IN FIEF MEDICAL I FEATTH A BUR FHEATTH CREMATION, 0 | Z | THAT S STILL S | Town Conditions | CONTRIBUTION TO UEA | DOT NOT KEEN | TED TO THE TERM | HUNT DISTAS | LOW COMMITTION GIVEN IN PA | AKI 1 (0), | | | | | |
| AL RECHOULD D. PENHEF W. USED V. CREALL, CREAL | AT | 19a. DATE OF | FOPERATION | 19b. CON | DITION FOR Y | WHICH OPER | ATION W | AS PERFORMED? | W OW | 100 | | | 20 AUTOPSY | ? |
| VITAL VITAL ORD ORD ORD ORD ORD ORD ORD OR | TF | Non | | | | | | | | | | | YES 🔯 | NO 🗆 |
| CATE CATE HE WOLD B IMENITO BURENTO BU | CER | 210. EXTERN. | AL CAUSE WAS | | OF INJURY | DAY YEAR | 21c. HC | OW INJURY OCCURR | ED (ENTER NA | TURE OF INJ | URY IN ITEM 18 | PART 1 OR PAR | 17 2) | |
| SION RTIFIC JG THI SHOU SPARTA OR TO | CAL | CONTRIBUT | ING CAUSE OF | | .M. | 19 | | ne | | | | | | |
| PRINCE OFFICE OF | MEDICAL CERTIFICATION | WHILE AT WORK | OCCURRED NOT WHILE AT WORK | | E OF INJURY ACTORY, FARM, E | | | CATION | | CITY OR TOV | WN | cou | YTM | STATE |
| 2 2 2 2 | | | ify that I toak charg | e of the remains o | described abo | ve, held on | Autop | sy X, Inspectio | on X, | Inquiry | X, on | ıd in my op | inian | |
| | | death result | ted fram: Natur | al causes X, | Accident | □, s. | icide 🔲 | Hamicide . | Undeter | mined mo | nner, | | | |
| EERT CERT | 1 | ACTUAL | Franc | | (| क्य वर्ष | _ | TITLE (SPECIFY) | | | | - 475 | | |
| ATH, E, M. | | ACTUAL SIGNATURE | Tranc | neco | Q. 0 | | /M | Asst. | MEDIC | ALEXAM | INER | DATE | 9/21/ | 79 |
| TO MEDICAL EXAMINE EXECUTE THE CERTIFIC PAGE 4 SHOULD BE TO FUNERAL DIRECTA AFTER DEATH WITH THE BALTIMORE, MARYLAN | - | EXAMINER'S (TYPE OR PR | INT) <u>Fran</u> | cisco G. | | | | ADDRESS 645 | | | t., Ha | agers | town, M | d |
| P P A F I | 23a.B | URIAL, CREMA | ATION, REMOVAL 2 | | | | | R CREMATORY | 23d. LOC | | | COUN | | STATE |
| BP | | | | | | | TTT | Cemetery | REC'D. BY F | agers | town, | Wash | ., Mary | Land_ |
| DHMH · 17 (VR A15 ME (5)) | | 1 ANNA PER | Vilson Bl | ADDR | E33 | | 217/ | | SE | | 14/9 | del | fry /xo | Creade |
| 15M7/77 | 1 | L. II. V | ATTOOL DI | vu., mag | CIS LOW. | II, PICI. | ZT/4 | ±0 | | | 7. | | / | - |

THE RESIDENCE OF THE PARTY OF T

| | 1. | FOR STATE REGISTRAR | | DEPARTN | | EALTH AND MENTAL HYG ICATE OF DEATH | IENE 7 9 2 REG. NO. | 3 4 0 6 |
|---|---------------|--|---|---|-----------------------|--|--|---|
| | TYPE | CEASED NAME FIRST Rich | | ixon | | NISTER | September 29, 1 | 10. 110 OK |
| by the funeral director, page filed within 72 hours after deal inatified at ance. | 3. SE | Male | RACE White | 9 | S DATE C | | | FUNDER 1 YEAR IF UNDER 24 HRS |
| un 72 hou of ance. | Pe. B | RTHPLACE (STATE OR FOREIGN OUNTRY) | 7 CITIZEN OF | WHAT COUNTRY? | MARRIEI WIDOWE | NEVER MARRIED DO DIVORCED | BALTIMORE CITY OR COUNTY ON Washington | OF DEATH MD. |
| by the fulled with | На | gerstown | Washin | gton Cour | nty Ho | spital | 176. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE test laboratory | 126. KIND OF BUSINESS OR INDUSTRY refrigeration |
| 2 should be f | | | we or other institution ounty ashington | Hagersto | ADMISSION) N WN | 134 INSIDE CITY LIMITS? YES 🔼 NO 🗌 | 420 North Locust | Street |
| omple ond | | Edward | _ | Chroniste | | 15. MOTHER'S MAIDEN NAM FIRST Mabel | MIDDLE | dlekauff |
| Poges medic | léa V | no | , GIVE WAR OR DATES) | 217-09-9 | 711 | Mrs. Jean Ch | ronister, Hagerst | |
| anpopers. emaval. event, the | | 18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA | er only one cause per USED BY. | r line for (a), (b), and | diesi | | orta bifurcation | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| ned by the attending i please remave carb urial, cremation, ar r y, ar ather traumatic | | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last | (b) <u>1</u> DUE TO, O | R AS A CONSEQUE Marked at R AS A CONSEQUE ONTRIBUTING TO D | neroso NCE OF | | INAL DISEASE OR CONDITION GIVE | unknown |
| has been sig permit Then ene prior to b ows any injuri | CERTIFICATION | | cardiovas | cular dis | ease; | residual hem | iparesis 200 AUTOPSY? 200 IF YES, | WERE FINDINGS USED ING CAUSES OF DEATH? |
| ental Hygin | | 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O | F DEATH HOUR A. | | Y YEAR | 21c. HOW INJURY OCCURR | RED JENTER NATURE OF INJURY IN ITEM 18, PAR | |
| e as the bur alth and Me marked ar II | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | | OF INJURY REET, FACTORY, OFFICE, FA | ARM, ETC.) | 21f LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| CTOR: At for use o of Healt 121 is ma | | 22a I certify that (I) (this h sow the deceased alive above, (IXXe) (XX (p) | | | | 9/26 19 79 d that in (my) %%) apinion o | death occurred on the date and hour | ond from the couses stated |
| RAL DIRE detoched fote Dept NT: If Item | 6 | W. SHENATURE K | ynay m. | R | | DEGREE ATTENDING PHYSICIAN [X | MEDICAL STAFF DIRECTOR PHYSICIAN | 224. DATE SIGNED 10/1/79 |
| should be de with the State | | W. T. Layma | 7-000000 | | | | etam St., Hagersto | own, MD. 21740 |
| F V S S | 1 | BURIAL, CREMATION, REMO SPECIFY)Burial | Oct. 2 | ,1979 R | est H | emetery or crematory aven Cemetery | Hagerstown, Was | ounty STATE h., Maryland |
| MH-16 20M 15, 4) 7/78 | 24 FI 41 | UNERAL DIRECTOR MINNIC 5 East Wilson | h Funeral Blvd., H | Home agerstown | ,Mary | 1and 21740 | OCT 0 4 1979 | SR'S SIGNATURE |



while surrous start

15 of 75 .20 of ...

0 0 0

EVABOT TVLTOU BE DIMEN

nergian de la company de la co

PARTON SALES SALES

The second of the second secon

relate outside cand offerences of the feet of

condition moderate

manufact married and Franchists Tomorrough to Albert

. Die en 100 march 100 mar

ON A THE STATE OF THE STATE OF

415 E. Wilson Blvd., Hagerstown, Md. 21740

(VR A 15 (4))

| 12 | - 2 | OR Items ATE GISTRAR 11 | 18h. 8 | 21a.8 i | DICAL I | MENT OF | HEALTH | AND M | ENTAL H | YGIEN OF DEA | E O | REG. NO | 3 | 4 0 | 9 |
|---|--------------------|---------------------------------|--|--|-------------|--------------------------------------|------------------------|-----------------|---------------|-----------------|---------------------------------|------------------|--------------|------------------------------------|------------------|
| (ADADE) | 1. DECE (TYPE O | ASED NAME | HARRY | ROW | DEAT | 7OR | | LAST | | | 20. DATE K OF DEATH | NOWN 5 | - 0 | 13-79 YEA | 26. HOUR 1520 |
| A STREET | 3. SEX Ma | | RACE hite | 5. DATE OF BIRTH | 1898 | 6. AGE (IN YE | ARS IF UN AY) MONTE | DER 1 YR. | IF UNDER | 24 HRS. | 2c. DATE PRONOUNG DEAD | CED 9- | 1-3- | -79 10 | 2d. HOUR 1520 |
| ECESSAR UNERAL FOR WITHIN | FOREI | HPLACE (STATE | OR | 76. CITIZEN OF WE | | | 1 | IED TNE | VER MARR | | | ingto | _ | TY OF DEATH | MD. |
| AY IS N THE F PAGE 5 FILED, 301 W | 10. CITY | OR TOWN OF | DEATH | 11. NAME OF HOS (IF NOT IN SUCH FAIR Washing | PITAL, NUI | RSING HOMI REET ADDRESS) OUNTY | Hosp: | ital | TION | | AL OCCUPA OST OSWORK TOPE | | E OF WORK | 126. KIND OF OR INDU U.S. GO | BUSINESS |
| D. 21201 H. IF ANY DELA 2. AND 3 TO 3. RETAIN P. 2. SHOULD BE 4. RECORDS. | USUAL I | RESIDENCE (IF II TE Bnna. | 13b. COUNT | ROTHER INSTITUTION, GIVEN ANKLIN | E RESIDENCE | | ON) | | ITY LIMITS? | 13e. STR | TREET ADDRES 126 Jack Road | | | | |
| A PATH | | ER'S NAME | | MIDDLE De | avor | LAST | | 15. MOTH Ca. | ER'S MAIDE | EN NAME | MI | DDLE | Hort | on LAST | |
| ₹ EgovZ | 160, WA | S DECEASED E | ER IN U.S. ARM | MED FORCES? VAR OR DATES) | | 1AL SECURIT | | P.M. | | r 512 | 6 Jac | ADDRESS k Rd. | | homas. | Pa. |
| | 18 | | WAS CAUSED | y ane cause per line BY: E CAUSE (a). Re | | atoty: | failu | re | | Q.e | | | | BETWEEN ON | ATE INTERVAL |
| ITAL RECORDS, 301 W. PRESTON ST., SHOULD BE EXECUTED WITHIN 24 HOLING "PENCIL IN 1EM 18 FOR MEDICAL EXAMINER ALONG ELUSED AS A BURIAL-TRANSIT PERMIT OF HEATTH AND MENTAL HYGIENE, AL. CREMATION, OR REMOVAL. | > | gave rise | if any, which ta immediate ting the under- | DUE TO, OR (b) DUE TO, OR | Chron | nic ob | struc | tive | lung | dise | ase _ | /ėrifi | ed | yea | rs |
| S, 301 V CECUTED S, IN PE AL EXAL AND MEI ON, OR R | P | lying cause I | ast. | (c) | 9 | | | COR CONDITIO | N CHIEN IN BA | PT 1 (-) | | | | | |
| ECORDS DE EX DE SE EX MEDIC AEDIC AEALTH A EEALTH A | | a. DATE OF OP | Cervica | l cord co | ntus: | | econd | lary t | o aut | | cident | | | 20. AUTOPS | |
| > 0.0 8 - 1 | TIFIC | 8-23- | 79 | A STATE OF THE PARTY OF THE PAR | compre | ession | on t | he sp | inal | cord | NATURE OF INJU | | | YES [| |
| DIVISION OF VITA S CERTIFICATE SHO RITING THE WORD ROED TO THE CH FE 3 SHOULD BE U FE DEPARTMENT OF PRIOR TO BURIAL. | CAL | NDERLYING ONTRIBUTING | XORVeri CAUSE OF D | fiction A.M. | 9-13 | 79 YEA | au | ito | accid | | NATURE OF INJU | RY IN ITEM 18 I | PART 1 OR PA | RT 2) | |
| DIVIS THIS CER WRITING WARDED PAGE 3 S STATE DEP | WED V | | OT WHILE X | ZI e. PLACE C STREET, FACT STI | ory farm, e | (AT HOME. | | ack | Rd., | St. | Thomas | Pa. | co | UNTY | STATE |
| CATE STEE | | 22a. I certify the | | af the remains des | cribed aba | | Autap | sy 🔲, | Inspectio | | Inquiry ermined mar | | nd in my a | pinian | |
| X = = = 3 = 3 = 3 | | CTUAL IGNATURE | 6. | Haw | ba | l_ | м | .D | PECIFY) | MED | ICAL EXAMI | NER | DATE | 9-1-3 | - 79 |
| TO MEDICAL E EXECUTE THE C PAGE 4 SHOU AFTER DESTRICT AFTER DESTRICT BALTIMORE, MA | | (AMINER'S NA YPE OR PRINT) | | awbaker, | | | | ADDRESS_ | | | | , Hag | erst | own, Md | . 21740 |
| Bb | (SPEC | AL, CREMATIO | N,REMOVAL 23 | apt. 16, 19 | | iame of ce istont | | | ry | Hu | CATION STONE | | ultő | | nna. |
| DHMH - 17 (VR A15 ME (5)) 15M 7/77 | N. | eral directo | rk | 152 S. 2r | nd St | , Chamb | 1720 ersbu |)1 rg,Pa | • SF | P 1 7 | 1979 | 25b. REGI | ISTRAR'S | UGNATURE 1000 | 7 |

.

| 4 5-0-0-0 | | SOVAL VIE Y | 28 |
|----------------------|--|--|-------------------|
| s vigrous pure and | | | or Mills in class |
| The source of | | | |
| m=1. | | Vitin scheet all | |
| Markett >= | | ntion it makened | -711097 |
| patro | | Moves | |
| A COME OF THE SECOND | nik Affir hoveners. | 201-11-10 | |
| | and the second | | |
| | oceanik gp i gyadeng | Vedo sino: | |
| | | ook nof him hee Tis | |
| | | oos not hande and That | |
| | naciona olive ed greino brio Imica oci n | oos not hande and That | |
| | naciona olive ed greino brio Imica oci n | o no manage o no montanto e no Lati | |
| | na dana aku ek tirina bire dinina aku n sumbisan sins | o no manage o no montanto e no Lati | |
| | na dana aku ek tirina bire dinina aku n sumbisan sins | o no manage o no montanto e no Lati | |
| | AN CARREST OF A CA | one to a | |
| | DIC Luize et greun DIC Luize et d'h Smallous ofre Thai .03 | 00 to 1 61-7-6 0 House and 2 | |

| | FOR | |
|---|-------|--|
| - | STATE | |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

| 2 | 3 | 6 | 1 | 0 |
|----|---|---|------|-----|
| 10 | | | 1121 | - " |

| REGISTRAR | | CERTIFICATE OF DEATH | REG. NO. | |
|---|--|-----------------------------------|--------------------------------------|---|
| 1. DECEASED NAME FIRST | MIDDLE | LAST | 20. DATE OF DEATH MONTH | DAY YEAR 25 HOUR |
| Fre | ances Mumma Dio | ck | Sept | 23,1919 4/13 |
| 1 SEX | 4 RACE | S. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER I YEAR IF UNDER 24 |
| Female | White | April 15, 1901 | 78 YR | MONTHS DAYS HOURS A |
| TO BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | 8 MARRIED NEVER MARRIED | 9 BALTIMORE CITY OR COU | NTY OF DEATH |
| Pennsylvania | U.S.A. | WIDOWED DIVORCED | Washing + | 0 14 |
| 10 CITY OR TOWN OF DEATH | | G HOME OR OTHER INSTITUTION | 120 USUAL OCCUPATION | 126. KIND OF BUSINESS |
| Hagerstown | 116 East Irvin | | Housewife | IG LIFE) INDUSTRY |
| PUSUAL RESIDENCE (IF NURSING HOAT 130 STATE 113h C | AE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE OUNTY 13c CITY OR TOWN | | 13e STREET ADDRESS | |
| | mberland Mechanics | | 301 South Yor | k Street |
| 14 FATHER'S NAME | | 15 MOTHER'S MAIDEN NA | | N DOLCOO |
| Jacob | Minna Minna | Norma | MIDDLE | Dietz |
| 160 WAS DECEASED EVER IN U.S. | . ARMED FORCES? 16b SOCIAL SECUI | RITY NO. 17 INFORMANT | 196 Eas | t Irvin Avenue |
| No - | 189-09-00 | D53 Louise D. Bo | | own, Md. |
| IN CAUSE OF DEATH (Ente | only one couse per line for (a), (b), and | d col | | APPROXIMATE INTERVA BETWEEN ONSET AND DE |
| PART I. DEATH WAS CA | USED BY Car cui | | | BETWEEN UNSET AND DE |
| Canditions, if any, which gove rise to immediate | DUE TO, OR AS A CONSEQUE | wal Caraci or | uo feori | |
| couse 101, stoting the | | NCE OF | | |
| | (c) | | | |
| PART 2 OTHER SIGNIFICA | NT CONDITIONS CONTRIBUTING TO D | DEATH BUT NOT RELATED TO THE TERM | MINAL DISEASE OR CONDITION | GIVEN IN PART 110 |
| NO | | | | |
| 190 DATE OF OPERATION | 196. CONDITION FOR WHICH | OPERATION WAS PERFORMED | 20g AUTOPSY? 20b. IF | YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? |
| 210. ACCIDENT WAS UNDERLYING | | | YES NO NO | YES NO |
| | | 21c. HOW INJURY OCCU | RRED (ENTER NATURE OF INJURY IN ITEM | 18, PART 1 OR PART 2) |
| OR CONTRIBUTING CAUSE O | | 19 | | |
| (IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED | 21e. PLACE OF INJURY | 21f. LOCATION | | |
| | (AT HOME STREET, FACTORY, OFFICE, FA | ARM, ETC.) STREET | CITY OR TOWN | COUNTY STATE |
| AT WORK AT WORK | | 71. 43 | C / . 00 | 0.0 |
| | capital; attended the deceased from | | 10 Japa 23 | , 19, that (I) (we |
| | not) view the body after death. | itorio morim(m//o_n | deoth occurred on the dote and | hour and from the couses state |
| 22b. SKINATURE | 0-0 | DEGREE | | 22c. DATE SIGNED |
| Clwand | U. DINO TIP 1 | ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | Sout 24.1 |
| 22d. PHYSICIAN'S NAME (T) | PE OR PRINT) | 22e ADDRESS | | |
| Edward W | , Ditto or MO | 217 W. Was | 4. St - Hoge | rotown Ma |
| | | | | 7,1 |
| 230. BURIAL, CREMATION, REMO | | JAME OF CEMETERY OR CREMATORY | 23d. LOCATION CITY OR TOWN | COUNTY STATE |
| Burial | 9-26-79 End | ola Cemetery | Enola, Cumber | land, ponnsylv |

DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR

BP_

A.K. Coffman Funeral Home Inc., Hagerstown, Md.

pennsylvania

| File for 23 mg will | 33 | d sanate soon | |
|--------------------------|---------------------|---------------|-----------------|
| 78 | . *10 Ts, 190b | adžilli | |
| | | | alterigin et |
| allyoano. | omnaya, ni | val Jack CES | in individual |
| James Per Associate | X control | | Penceplyanta G |
| 1-112 | 2784 | | South |
| Neithe Engerenning at | post .4 tubro. 1990 | | - 0 |
| | | | |
| 14 57 -421 | Fly 13 | 11.44 | |
| KUS HOLL | | ant de la la | |
| per empercy to be | | | |
| rect, Judgeland, 16-17-7 | удрам эт ихол | 41-11-2 | I-truri. |
| | .37 (1904) 829 04 | (·) | Translate 11.25 |

| ١., | - | 200 | - | |
|-----|---|-----|----|---|
| У | | ٥. | 3 | |
| • | В | м | 8 | ı |
| ı | ш | 밤 | 8. | 3 |
| A | a | Π, | 1 | , |
| | | | | |

completely filled in by the funeral director... I and 2 should be filed within 72 hours often

STATE OF MARYLAND

| | FOR STATE REGISTRAR | DEPART | MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH | REG. NO. | 4 |
|-----|---|--|---|--|--|
| | 1. DECEASED NAME FIRST (TYPE OR PRINT) | WIDDLE | LAST | 20. DATE OF DEATH MONTH DA | AY YEAR 26 HOUR |
| | George | | Dilfer | Sept. 8,1979 | M |
| | 3. SEX | 4 RACE | 5 DATE OF BIRTH MONTH DAY YEAR | | FUNDER I YEAR IF UNDER 74 HRS |
| | Male | White | July 12, 1889 | 90 yrs | |
| 1 | 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHAT COUNTRY | MARRIED NEVER MARRIED | 9 BALTIMORE CITY OR COUNTY | OF DEATH |
| 2 | Maryland | U.S.A. | WIDOWED TO DIVORCED | Washington | MD. |
| Pol | 10 CITY OR TOWN OF DEATH | (IF NOT IN SUCH FACILITY, GIVE STREET | | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) | 126 KIND OF BUSINESS OR |
| 2 | Hagerstown | Colton Villa | Nursing Home | Machinist | Mfg. |
| 3 | USUAL RESIDENCE (IF NURSING HOME OR 130. STATE 13b COUN Wash: | other institution. Give residence before ITY 13c CITY OR TOV Ington Hagers | VN \$13d INSIDE CITY LIMITS? | 13e. STREET ADDRESS 923 View Stre | aet. |
| | 14. FATHER'S NAME | | 15 MOTHER'S MAIDEN NA | | |
| 1 | Adam Dilfer | AIDDLE LAST | Emily Heir | | LAST |
| | 160 WAS DECEASED EVER IN U.S. AR/ (YES, NO OR UNKNOWN) (IF YES, GIVE) | WAR OR DATES) | 1843 Mrs.Richard | Funkstov d Prather Rt | vn Md. |
| | PART I. DEATH WAS CAUSED | y one cause per line far (a), (b), ar | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | Conditions, if any, which | DUE TO, OR AS A CONSEOU | | | y. |
| | gove rise to immediate cause (a), stating the underlying couse last | DUE TO, OR AS A CONSEOU | | | |
| | PART 2 OTHER SIGNIFICANT C | ONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TERM | INAL DISEASE OR CONDITION GIVE | N IN PART 1(a) |
| | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | 196. CONDITION FOR WHICH | OPERATION WAS PERFORMED | 200. AUTOPSY? 20b. IF YES, IN CERTIFY! YES NO YES | WERE FINDINGS USED ING CAUSES OF DEATH? |
| | OR CONTRIBUTION OF CONTRACTOR | 21b. TIME OF INJURY HOUR A.M. MONTH D P.M. | YEAR 19 | RED (ENTER NATURE OF INJURY IN ITEM 18, PAR | RT 1 OR PART 2) |
| | OR COMINIBUTING CAUSE OF DEAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, | FARM, ETC.) 21f LOCATION STREET | CITY OR TOWN | COUNTY STATE |

MPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the should be detached for use as the burial-transit permit. Then please remaye corbangage with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal retained by the hospital or attending physician. FUNERAL DIRECTOR: BP

DHMH - 16 50M 1/76 (VR A 15 (4))

TO HOSPITAL

Vasant Datta M.D

220.1 certify that (1) (this hospital) attended the deceased from

22e. ADDRESS 1600 Oak Hill

Ave. Hag. Md. 21740 23d LOCATION Hagerstown Wash

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 23b. DATE

saw the deceased alive an

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22b. SIGNATURE

23c. NAME OF CEMETERY OR CREMATORY Rest Haven Cem.

DEGREE

M.D.

79

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (aur) apinian deoth accurred an the date and hour and from the couses stoted

Md

Rest Haven Funeral Chapel Inc. Hag. Md.

Visuesalle

IN GARBID. REGISTAR SEGNIFICON

79, that (i) (we) lost

9.10.39

22c. DATE SIGNED

nedra a market in the second of the second o

· · · ·

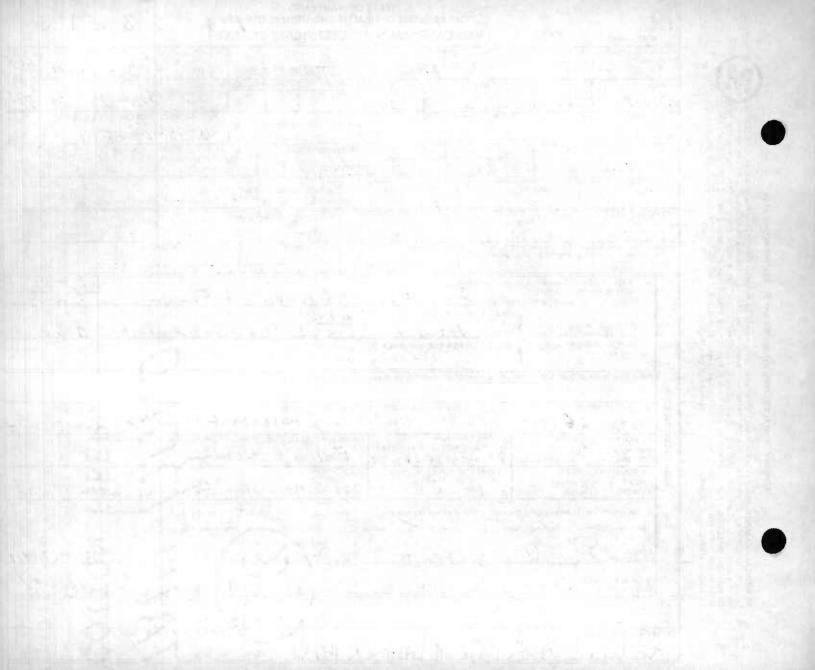
West Agent Bullion of the Members

Transaction of the company of the co

| | FOR STATE REGISTRAR | | MED | EPARTMENT OF | HEALTH NER'S CI | ERTIFICA | | ATL | 2 3 G. NO. | 41 | 2 |
|---|---|---|--|--|-----------------------|----------------------|-----------------|---|--------------------|------------|--|
| | PE OR PRINT) | TIMOTH | | SEPH | DILLO | N N | | 20. DATE KNOW OF ESTI- DEATH MATE | Can | 2 19 7 | ZU IIOOK |
|) SE | male | white | 5. DATE OF BIRTH | 958 6. AGE (IN Y LAST BIRTHI | | | DURS MIN. | 2c. DATE PRONOUNCED DEAD | Sept | 14 19 7 | 74.5 |
| 247 | Wash., | D.C. | 76. CITIZEN OF WHA | | 8. MARRIE WIDOWE | | MARRIED A | 9. BALTIMORE C | ngten C | | MD |
| 198 | lagersto | wn,Md. | none | ITY, GIVE STREET ADDRESS) | | R INSTITUTION | FOR | UAL OCCUPATION MOST OF WORKING LIFE Red on a | E) | OR INDU | BUSINESS |
| USU 13e. S | AL RESIDENCE (STATE Maryla | 1136 COUNT | COTHER INSTITUTION, GIVE Y SOMERY | RESIDENCE BEFORE ADMISS 13c. CITY OR TOWN Germanto | 1 | 3d INSIDE CITY LI | | H Freder | 03. | | |
| 0 | ATHER'S NAME FRANK | | MIDDLE | Di ÎÎ en | | Patr | MAIDEN NAME | MIDDLE Ann | in Miles | Higder | n |
| 2 160 | WAS DECEASED YES, NO, OR UNKNOV No. | EVER IN U.S. ARM | MED FORCES? VAR OR DATES) | 215-72-8 | | 7. INFORMAN | Dillen | | Walkers rsburg, | Choice | |
| OF HEALTH AND MENTAL HYGIENE, DIVISION ALL CREMATION, OR REMOVAL. | Conditions gove rise couse (o): lying cous | IMMEDIATE s, if ony, which to immediate stating the under- | CAUSE (o) AST DUE TO, OR AS | S A CONSEQUENCE | OF OF | | | | | BETWEEN OF | AATE INTERVAL NSET AND DEATH 1 LOS |
| BURIAL, CREMATION, CERTIFICATION | 19a DATE OF | | | ON FOR WHICH OPE | | | | | | 20. AUTOP | |
| MEDICAL CERTII | | OR G CAUSE OF D | EATH P.M. | Sep 9 19 7 | 9 Ac | cident | | nature of injury in it | | ART 2) | |
| MED | 21d. INJURY OF | NOT WHILE AT WORK | 21e PLACE OF STREET, FACTOR POTOME | | Pot | | iver,Ha | gerstown | , Washi | ngton, M | d. STATE |
| | 1013 103 | that I took charge | cuico G. | ccident X, Si | Autopsy uicide , M.D. | Homicide TITLE (SPEC | st. MED | Inquiry A permined monner | ond in my o | | 5,1979 |
| BALTIMORE, MA | URIAL, CREMATI | T) | b. DATE | 23c. NAME OF CE | METERY OR | CREMATORY | 23d. LC Crry | wn, Md. | ST./40 | | STATE |
| 24. F (5)) Ga | Crema UNERAL DIRECT NAME LTTMET-S | | 9/15/'79 316E. Gaither | Lee's Control And American Md | venue, | | | shington REGISTRAR 25b. 9 1979 | | D. | |

| | E FALLS | all and the sale | 7.8T.WEL | |
|-------------------------------|-----------------|------------------|----------|----------|
| 12 72 | | | 69 45 | W SALES |
| Sales every column | | A • • | • | |
| translation at the state | | 0.101 | | 1990-40- |
| LL Proder C. Ru. | 4188 | (In 30 transfer | | TIM |
| minition in char | APRILIDADE. | | | |
| Books things dailed the | nalita kogati | VA destinate | | |
| | | yd daw seyfefal | | |
| | | | | |
| | | 0.15 | | |
| . 31200110 | 01111 0 180 US. | 1 300 | | |
| . Le e not made in estate mag | | | | |
| | | | | |
| e ct | | | | |
| 0.11C | | · u e | | |
| | (4.7) | | | |
| 19 313 Terry Messey | | ninva brio all' | | |

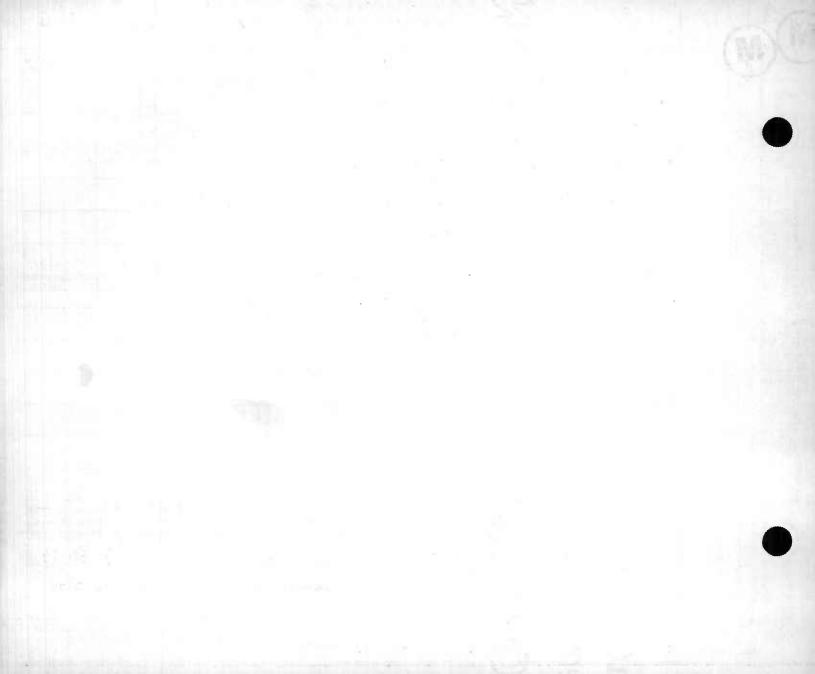
STATE OF MARYLAND



| | | 202 | | STATE OF MARTLAND | | 3 3 4 |
|---------------|---------------|---|--|--|--|---|
| | 1. | FOR STATE REGISTRAR | DEPARTI | MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | REG. NO. | 4 1 4 |
| | 1. DE | CEASED NAME FIRST | MIDDLE | LAST | 20. DATE OF DEATH MONTH DA | Y YEAR 2b. HOUR |
| 4 | TYPE | DOROTHY | MARGARET | DOWLING | Sept 27 19 | 79 9:45 Am |
| | 3. SE: | | 4 RACE | 5. DATE OF BIRTH | | UNDER I YEAR IF UNDER 24 HRS |
| | | Female | Caucasian | Apr. 29, 1899 | 80 YRS | |
| 34 | 7a BI | IRTHPLACE (STATE OR FOREIGN OUNTRY) Md • | 76 CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED WIDOWED DIVORCED | Washington Co | |
| 7 | 10 C | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSIN HE NOT IN SUCH FACULTY, GIVE STREET WAShington Co | IG HOME OR OTHER INSTITUTION | 120 USUAL OCCUPATION (1795 OF WORK FOR MOST OF WORKING LIFE) | 126. IDIO DI BUSINESS OR |
| oe J | USU | AL RESIDENCE LIF NURSING HOME O | R OTHER INSTITUTION GIVE RESIDENCE BEFOR | E ADMISSION) | | |
| 3.E | _ 130. 9 | Md. Mon | t. Tacoma | Park 13d. INSIDE CITY LIMITS? | 8315 Roanoke A | ve. |
| | 14 FA | ATHER'S NAME FIRST | MIDDLE LAST | 15. MOTHER'S MAIDEN NA | MIDDLE | (AST |
| 5 | de la | IRA | E. PRYO | | | HAUVER |
| 2 | - D | VAS DECEASED EVER IN U.S. AI | (E WAR OR DATES) | | ADDRESS | 201- 201 |
|) | 1/1 | 0 | 578-22- | | owling Tacoma P | |
| t, | | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE | nly ane cause per line for (a), (b), an ED BY | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | | IMMEDIA | TE CAUSE (o) | acute pulmo | mary celling | 2d |
| mot | | 4140 | DUE TO, OR AS A CONSEQUE | ENCE OF | mit-helens | 11 |
| rtro | | Conditions, if ony, which gave rise to immediate | (b) | congenior ou | arr yamine | 1 |
| | - 1 | cause (0), stating the underlying cause lost | DUE TO, OR AS A CONSEQUE | arterwalerotee | heart disease | yes |
| | 7 | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO I | DEATH BUT NOT RELATED TO THE TERM | AINAL DISEASE OR CONDITION GIVEN | N IN PART (a) |
| <u>-</u> | CERTIFICATION | 190 DATE OF OPERATION | IN CONDITION FOR WHICH | OPERATION WAS PERFORMED | 200 AUTOPSY? 20b. IF YES, | WERE FINDINGS USED |
| | E S | THE DATE OF OPERATION | 148 CONDITION FOR WHICH | OPERATION WAS PERFORMED | IN CERTIFYI | NG CAUSES OF DEATH? |
| 2 | ER | 21a. ACCIDENT WAS UNDERLYING | 7 21b. TIME OF INJURY | 21¢ HOW INJURY OCCUR | YES NOW YES | NO NO |
| 9 | | OR CONTRIBUTING CAUSE OF DE | | AY YEAR | | |
| | MEDICAL | 21d. INJURY OCCURRED | 21e. PLACE OF INJURY | 21f. LOCATION | | |
| | × | WHILE NOT WHILE T |) AT HOME, STREET, FACTORY, OFFICE, F | ARM, ETC.) STREET | CITY OR TOWN | COUNTY STATE |
| S S | | | ital) attended the deceased from | garly 19 78 | _, to_ Sept 27, 15 | 79 , that (1) (we) lost |
| n 21 | 15. | | atti view the body after death | | death occurred on the date and hour o | |
| ± ± | | 22b. SIGNATURE | 0 1 | DEGREE | MEDICAL STAFF | 22c. DATE SIGNED |
| z.— | | Harold, | much mi | | MEDICAL STAFF DIRECTOR PHYSICIAN | 9/27/79 |
| IMPORTANT: IF | | 22d. PHYSICIAN'S NAME ITYPE | | 22e ADDRESS | 1100000 11 | aland had |
| ¥ | _ | HAROCD | | | ANTIETAM ST H | toers rows, inq. |
| | 23a. E | BURIAL, CREMATION, REMOVAL | | NAME OF CEMETERY OR CREMATORY | 23d LOCATION CITY OF TOWN Middletown Fi | OUNTY STATE |
| - | 24.5 | Burial UNERAL DIRECTOR | Sept.30,1979 | Reformed Cem. | | ed. Md. |
| 6 | | | Middletown. M | d. 21769 OC | FOC 4 819579TRAR 29 16 16 18 | y moundy |
| | | | MITGHTEROWIL IN | U. CT/07 | | |

-nva guintison Tir The court among and and a second party of . DE LA TRANSPORTE DE LA LA TRANSPORTA DE LA TRANSPORTA D Carlo de la casación de la company

| 1 | FOR STATE REGISTE | RAR | | DEPART | | EALTH AND MENTAL HYG ICATE OF DEATH | REG. N | 2 . | 3 4 1 |
|--|--|--|--|---|------------------------------------|--|--|---|--|
| | DECEASED N TYPE OR PRINT) | DANIEL | Н | BLLINGER | | DO WNEY | 20 DATE OF DEATH | EPT. 2 | 9 1979 22 |
| 3. | MAL | ٤ | White | | S. DATE C | | 6 AGE IIN YEARS LAST BIR | | FUNDER) YEAR IF UNDER ONTHS OAYS HOURS |
| 1036 | Maryla | | U.S. | | WIDOWE | | BALTIMORE CITY O | ington | |
| 79 | Hagers | | Wäshin | gton Coun | ty Ho | spital | 12a USUAL OCCUPAT (TYPE OF WORK FOR MOST) | | 126. KIND OF BUSINE INDUSTRY Dairy |
| 5 40 | SUAL RESIDE Se STATE Maryla | nce the nursing how that was | ME OR OTHER INSTITUTION OUNTY Shington | N, GIVE RESIDENCE REFORM 131. CITY OR TOW WILLIAMS | port | 134. INSIDE CITY LIMITS? YES NO 🛣 | Route 3, | Box 20 | 0 |
| 14 2/0 | FATHER'S N Ira | RST | WIDDLE | Downey | | 15 MOTHER'S MAIDEN NA FIRST Maude | WE | | Clopper |
| media | WAS DECE IYES, NO OR U NO | ASED EVER IN U.S INKNOWN) IF YES | ARMED FORCES? GIVE WAR OR OATES) | 166 SOCIAL SECU | RITY NO. | Mrs. Alice D | owney, Will | | rt, Marylar |
| ilease remove carbonpopers. rial, cremation, or removal. or other traumatic event, the | underly | ing cause last | | | | | | | |
| 2 2 2 | PART 2 | | NT CONDITIONS C | | | NOT RELATED TO THE TERM | AINAL DISEASE OR CON | 20b. IF YES, | WERE FINDINGS USED |
| 18 shows ony injury, | PART 2 (| OTHER SIGNIFICA OF OPERATION DENT WAS UNDERLYING RIBUTING CAUSE O | IPB COND | DE INJURY M. MONTH D | OPERATIO | | 200 AUTOPSY? | 20h. IF YES, IN CERTIFY YES | WERE FINDINGS USED ING CAUSES OF DEAT |
| or item 18 shows ony injury. | PART 2 (| OTHER SIGNIFICA OF OPERATION DENT WAS UNDERLYING | IT CONDITIONS C IT CON | DITION FOR WHICH | OPERATIO AY YEAR 19 | N WAS PERFORMED | 200 AUTOPSY? | 206. IF YES, IN CERTIFY YES | WERE FINDINGS USED ING CAUSES OF DEAT |
| of Health and Mental Hygiene prior to buy | PART 2 OF CONTRACT OR CONTRACT | OTHER SIGNIFICA OF OPERATION DENT WAS UNDERLYING PROBLEM OF CAUSE O NOTHY MEDICAL EXAM IRY OCCURRED ON OT WHILE AT WORK tify hot (I) (this-h the deceosed olivi- | I 196 CONDITIONS C I 196 COND I 196 COND | OF INJURY OF INJURY OF INJURY OF INJURY REET, FACTORY, OFFICE, F | OPERATIO AY YEAR 19 ARM, ETC.) | 211. HOW INJURY OCCUR 211. LOCATION STREET 214 (my) (evr) opinion | 200 AUTOPSY? YES NO RED LENTER NATURE OF INJECTITY OR TO | 20b. IF YES, IN CERTIFY YES IRY IN ITEM 10, PAI | WERE FINDINGS USED ING CAUSES OF DEAT NO TO THE COUNTY ST. |
| Dept. of Heolth and Mental Hygrene prior to buy filtern 21 is marked or Hem 18 shows any injury. | PART 2 OF CONTROL OF C | OTHER SIGNIFICA OF OPERATION DENT WAS UNDERLYING PROBLEM OF CAUSE O NOTHY MEDICAL EXAM IRY OCCURRED ON OT WHILE AT WORK tify hot (I) (this-h the deceosed olivi- | If Death INER) 216 PLACE (AT HOME, ST OSSPITOT) oftended the condition of the heady of of the h | OF INJURY OF INJURY OF INJURY OF INJURY REET, FACTORY, OFFICE, F | OPERATIO AY YEAR 19 ARM, ETC.) | 211. LOCATION STREET 214 that in (my) (em) opinion DEGREE | 200 AUTOPSY? YES NO RED LENTER NATURE OF INJECTITY OR TO | 20b. IF YES, IN CERTIFY YES RY IN ITEM 18. PAI WN ate and hour | WERE FINDINGS USED ING CAUSES OF DEAT NO COUNTY ST. |
| should be detached for use as the buriol-transit permit. Then print the State Dept. of Health and Mental Hygiene prior to buring MPORTANT: If them 21 is marked or them 18 shows any injury, | PART 2 OF CONTROL OF C | OTHER SIGNIFICA OF OPERATION DENT WAS UNDERLYING RIBUTING CAUSE O NOTIFY MEDICAL EXAM IRY OCCURRED NOT WHILE NOT WHILE AT WORK Tify that (I) (this- the deceased alive (I) (wertaid (di WATURE | It) | OF INJURY .M. MONTH D, .M. OF INJURY OF INJURY REET, FACTORY, OFFICE, F T 9 19 offer death. | OPERATION AY YEAR 19 ARM. ETC.) | 211. LOCATION STREET 214 that in (my) (earl opinion DEGREE ATTENDING PHYSICIAN (| Z00 AUTOPSY? YES NO CITY OR TO CITY OR TO deoth accurred on the decount of the | 20b. IF YES, IN CERTIFY YES IRY IN ITEM 18, PAI WIN Tote and hour | WERE FINDINGS USED ING CAUSES OF DEAT NO TO THE PROPERTY OF TH |



| _ | |
|--|--|
| - | |
| 0 | |
| CV | |
| _ | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 | |
| C | |
| - | |
| | |
| - | |
| 6 | |
| d | |
| - | |
| -4 | |
| >- | |
| - | |
| 100 | |
| • | |
| - | |
| - | |
| - | |
| . % | |
| ш | |
| 0 | |
| = | |
| () | |
| = | |
| 2 | |
| - | |
| - Desp | |
| - | |
| = | |
| -Q | |
| 70 | |
| | |
| | |
| | |
| - | |
| S | |
| _ | |
| 7 | |
| = | |
| O | |
| _ | |
| - | |
| VI | |
| w | |
| OV | |
| - | |
| - | |
| | |
| > | |
| - | |
| - | |
| _ | |
| 0 | |
| - | |
| C | |
| - | |
| 10 | |
| 0,1 | |
| | |
| ~ | |
| - | |
| O | |
| ~ | |
| 0 | |
| ш | |
| OV | |
| - | |
| - | |
| - | |
| - | |
| Been . | |
| - Charles | |
| - | |
| | |
| M. | |
| ~ | |
| O | |
| - | |
| Z | |
| - | |
| () | |
| ~ | |
| 40 | |
| ×. | |
| - | |
| - | |
| - | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| - | |
| 4 | |
| 1 | |

| 4 | | FOR STATE REGISTRAR | | DEPARTM | CERTIFI | OF MARYLAND ALTH AND MENTAL CATE OF DEATH | | REG. N | | 41 | 6 |
|--|---------------|---|---|----------------------|--------------------|--|------------|--|------------------|--------------|----------------------------------|
| | | CEASED NAME FIRST Nanni | e Jean | ette | Dowr | | | Sept. 2 | | | 26. HOUR P 12.45 M |
| | 3. SE) | emale | 4 RACE White | | 5. DATE OF | 8, 1912 PEAR | | AGE (IN YEARS LAST BIRT | | UNDER I YEAR | IF UNDER 24 HRS HOURS MIN. |
| r death. Pag funeral strengthin 72 hours. | P | RTHPLACE (STATE OR FOREIGN DUNIRY) CONSYLVANIA TY OR TOWN OF DEATH | 76 CITIZEN OF WHAT USA | TAL NURSING | MARRIED WIDOWEL | NEVER MARRIED DIVORCED | D 12 | Washingt | on Coun | ty | MD. |
| n by the e filed w | | lagerstown | Western M | aryland | Hosp | oital Cente | er | bellows | OF WORKING LIFE) | organ | |
| LAND 2 | Ma Ma | TATE 1136 COUN | ITY 13c C | ity or town | 1 1 | 13d INSIDE CITY LIMIT YES X NO 15. MOTHER'S MAIDE | | 351 N. Ca | annon Av | venue | |
| maker amplete I and 2 | | Ëdward M. | | LAST | | FIRST | | n Baer | | LAS | T |
| be execution on the state of th | 16a V | VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIVE NO | 1227 A C OO DAYE | 9-03-37 | 1 | William | V. D | owns, Hag | | | |
| ST., BAL ertificate g physicic conpoper removal. | | 18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT | oly one couse per line for D BY. TE CAUSE (0) Acu | te myoc | cardia | al infarct | ion | | | | MATE INTERVAL ONSET AND DEATH |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or attending physician. After this certificate has been signed by the attending physician and campletely filled in by as the burial-tronsit permit. Then please remove carbon papers. Pages I and 2 should be filed in by as the burial-tronsit permit. Then please remove carbon papers. Pages I and 2 should be filed in by and Mental Hygiene prior to burial, cremation, or removal. Carbon and Mental B shows any injury, or other troumatic event, the medical examiner must be no arked or Item 18 shows any injury, or other troumatic event, the medical examiner. | | Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (1) | DUE TO, OR AS A | eriosc] Consequen | Leroti NCE OF | ic heart di | | | DITION CIVEN | INI DART V | |
| been sign mit. Then prior to buy | NOIL | Brain stem i | nfarctions | | | WAS PERFORMED | ETERMINA | 200 AUTOPSY? | 20b. IF YES, W | | |
| The low sician. The hos be not permit yearn shows on | CERTIFICATION | | | | DPERATION | | | YES NO X | IN CERTIFYIN | G CAUSES | OF DEATH? |
| VISION OF VITAL R G PHYSICIAN: The L attending physician. er this certificate has the burnal-transit per and Mental Hygiene ked or Item 18 shows | MEDICAL CE | 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE OT WHILE AT WORK | HOUR A.M. | JURY DA | 19 | 21c. HOW INJURY OF | OCCURRED | (ENTER NATURE OF INJUI | | OR PART 2) | STATE |
| L OR ATTEND the hospital o L DIRECTOR: A tached for use e Dept. of Heal | | 220.1 certify that X (this hospi sow the deceased alive an above, (1) (xx) (did) (xxx) 22b. SIGNATURE | Sept. 26 | death. | | ATTENDI | pinion dec | oth occurred on the de | ote and hour a | | |
| TO HOSPITAL retoined by th TO FUNERAL should be detroined to the Marin the Stote important: | | 22d. PHUSICIAN'S NAME TYPE O | RPRINT) Fe U. P | orciuno | cula | PHYSICI. 22e. ADDRESS 1500 Penns | | nia Ave., | | town, | Md.2174 |
| 0 5 7 % W | | URIAL, CREMATION, REMOVAL | 23b. DATE | | | METERY OR CREMAT | | 23d LOCATION CITY OF TOWN Hagersto | wn. Was | h M | arvland |

258. DATE REC'D. BY REGISTRAR 256. REGISTMAR'S SIGNATURE

DHMH - 16 50M 7/77 (VR A 15 (4))

24. FUNERAL DIRECTOR Minnich Funeral Home

415 E. Wilson Blvd., Hagerstown, Maryland 21740

| 0 | N. A. | | | | | |
|---|----------|------------|-------------------|---------------|-----------|---|
| | | | enil opabi | sail Libraria | | |
| | | Teles Vis. | | est its | | |
| | | | | WEI | in hereiv | |
| | Better | | | | | |
| | | | Contractor | a we call to | | |
| | S of the | | | | | |
| | | 4 | STATE OF SE | | | |
| | | | Magaziri san | | | |
| | | | In redunding to | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | 1 | | |
| | | | | | | |
| | | | Signer Servoil | | | |
| | | | reflection of the | AC Jour | | |
| | | OUTES ONES | | | | - |



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH L DECEASED NAME (TYPE OR PRINT) Earl. S. Flook 22. September 6 AGE (IN YEARS LAST BIRTHOAY) 5. DATE OF BIRTH 4. RACE IF UNDER 1 YEAR IF LINDER 24 HRS 3. SEX White August 8. 1903 Male 76 BALTIMORE CITY OR COUNTY OF DEATH BARTHPLACE STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. Washington County I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE)
Retired Hagerstown Washington County Hospital Postmaster W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL NE Washington 13. CHargerstown Inside CITY LIMITS? 13e STREET ADDRESS 929 St. Claire St. 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME Flook MIDDLE Nellie Revnolds George 166 SOCIAL SECURITY NO 17 INFORMANT NO OR UNKNOWN) 215-44-7519 Belle M. Flook same as 13a-e. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY about 4 w/c IMMEDIATE CAUSE (0) autrioscientic (Coronax) hear distant 16 Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o CERTIFICATION 19h CONDITION FOR WHICH OPER LION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? Mental Hygi 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 21 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.] CITY OR TOWN COUNTY STATE NOT WHILE 9-22-19 79 22a.1 certify that (1) (this hospital) attended the deceased from. 9/2/10 79 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated should be detached with the State Dept. 22b. SIGNATURE DEGREE 22c DATE SIGNED John A Hombakus (u.D. MPORTANT: 77d. PHYSICIAN'S NAME ITYPE OF PRINT 22e ADDRESS JOHN M. HORNBAKER 230. BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATOR Burial STATE Rest Haven Cemetery Hagerstown MD 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 Rest Haven Funeral Chapel, Inc. Hagerstown, MD (VR A 15 (4))

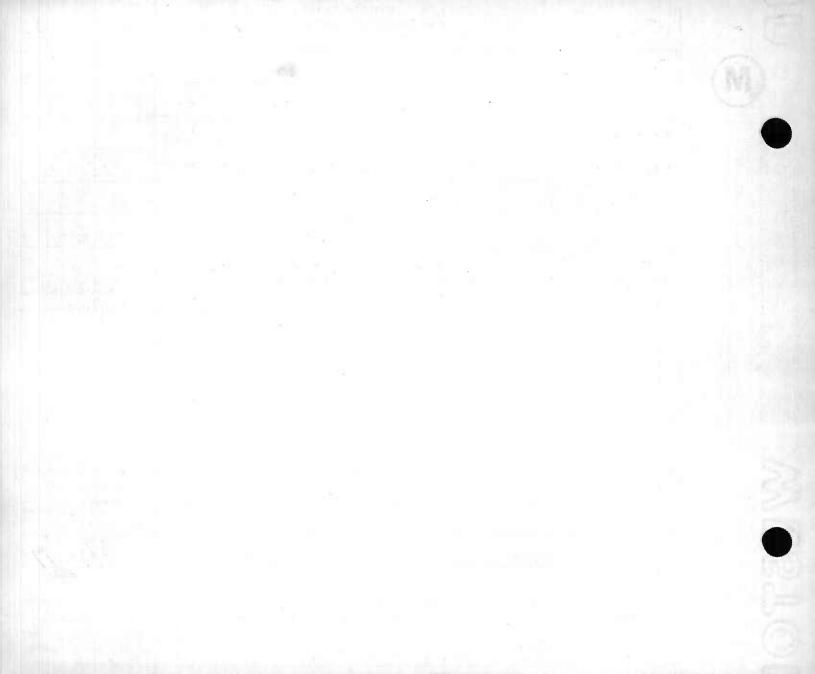
TOURS TOUR TOUR BEAUTY OF THE PROPERTY OF THE

In the state of th

0 The second state and state and second seco

STATE OF MARYLAND

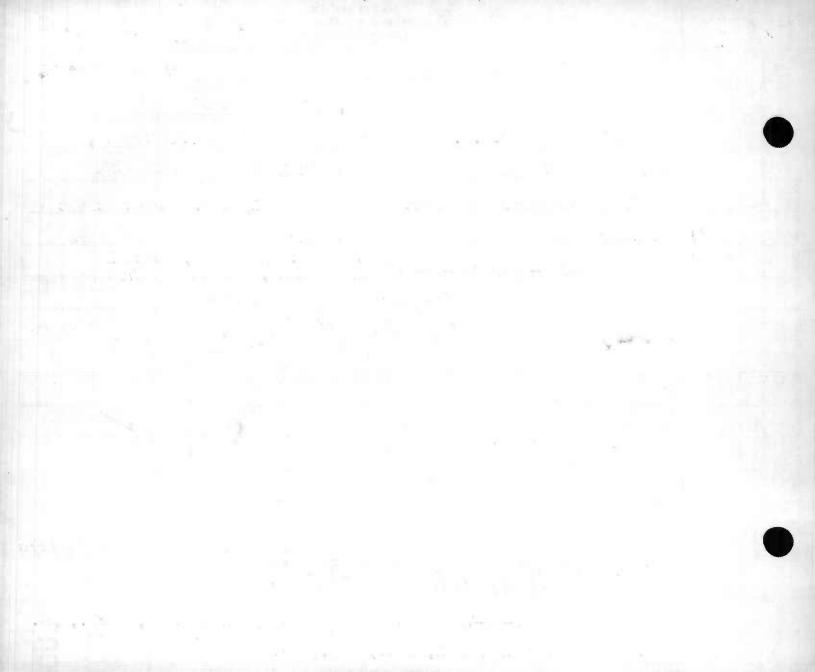
FOR



| DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. DECEASED NAME I. DATE I. DA |
|--|
| REGISTRAR DECEASED NAME |
| Tipe or brainty Fillen Carol Futreal S. Date of Birth S. AGE (IN YEAR) IF UNDER 14 HIS DATE DEATH MARTED DEATH MARTED DATE DEATH MARTED DATE DA |
| Sex 4. Race 5. Date Month Day Year 14. Hour 14. Ho |
| Fem. Cauc. Aug. 1, 1955 24 yrs. Aug. 1, 1955 24 yrs |
| Fem. Cauc. Aug. 1, 1955 24 yrs. DEAD 9-9-79 19 1220 |
| North Carolina U.S.A. MARRIED Never Married Washington MD. |
| 10 CITY OR TOWN OF DEATH |
| Hagerstown Hagerstown General Hospital assembler aircraft mfg USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE Virginia 134. INSIDE CITY LIMITS? Virginia 135. STREET ADDRESS YESSEN NO 15. MOTHER'S MANE FIRST Stedman Jay Futreal 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxiation secondary to drowning INSTACT STREET ADDRESS 126. MISSIDE CITY LIMITS? YESSEN NO 126. STREET ADDRESS YESSEN 134. INSIDE CITY LIMITS? YESSEN 135. STREET ADDRESS NAME PREST DOTIS Mae Lewis 17. INFORMANT ADDRESS Mrs. Doris M. Futreal, Hampton, Va. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MINUTES |
| USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE Virginia 137. CITY OR TOWN Hampton 138. STREET ADDRESS YES® No 1903 Long Green Lane 14. FATHER'S NAME Stedman Jay Futreal 15. MOTHER'S MAIDEN NAME FIRST DOTIS Mae Lewis 168. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) 18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxiation secondary to drowning 138. STREET ADDRESS YES® NAIDEN NAME FIRST DOTIS Mae Lewis 17. INFORMANT ADDRESS Mrs. Doris M. Futreal, Hampton, Va. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MILLES APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MILLES |
| 136. STATE 136. STATE 136. STREET ADDRESS 136. STREET ADDR |
| Virginia |
| Stedman Jay Futreal Noris Mae Lewis Stedman Jay Futreal Doris Mae Lewis |
| 166. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR LINKNOWN) (IF YES, GIVE WAR OR DATES) 108. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxiation secondary to drowning 17. INFORMANT ADDRESS Mrs. Doris M. Futreal, Hampton, Va. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MILLES |
| (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxiation secondary to drowning Approximate interval. Between onset and Death minutes |
| 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) PARTI DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Asphyxiation secondary to drowning Minutes |
| PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Asphyxiation secondary to drowning minutes |
| Asphyxiation secondary to drowning minutes |
| DIFTO OR AS A CONSEQUENCE OF |
| |
| Conditions, if any, which gave rise to immediate (b) |
| cause (a) stating the <u>under-</u> lying cause last. DUE TO, OR AS A CONSEQUENCE OF |
| (c) |
| PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). |
| 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? |
| 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? |
| TES LI NO LA |
| 216. TIME OF INJURY UNDERLYING OR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) |
| CONTRIBUTING CAUSE OF DEATH 1800.m. 9-8-7919 rait upset in river |
| 21d. INJURY OCCURRED |
| WHILE AT WORK AT WORK TIVER STREET, FACTORY, FARM, ETC.) |
| |
| 220. I certify that I taak charge of the remains described above, held an Autopsy . Inspection X, Inquiry L, and in my apinian |
| 22a. I certify that I taak charge of the remains described abave, held an Autapsy Inspection Inquiry Inquiry Inquiry and in my opinian death resulted from: |
| death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner . |
| death resulted from: Notural causes , Accident , Suicide , Hamicide , Undetermined manner , |
| death resulted from: Natural couses, Accident, Suicide, Hamicide, Undetermined manner, ACTUAL SIGNATURE |
| death resulted from: Notice Accident St. Suicide Homicide Undetermined manner Accident St. Suicide Homicide Undetermined manner Accident Accident St. Suicide Homicide Undetermined manner Accident Accident St. |
| death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner , ACTUAL SIGNATURE , M.B. MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) E. Hawbaker, M.B. ADDRESS 645 E 1st St., Hagerstown, Md. 21740 238 BURIAL CREMATION, REMOVAL 238. DATE 238 CONCENTRATION COUNTY STATE |
| death resulted from: Notural couses, Accident, Suicide, Homicide, Undetermined manner, ACTUAL SIGNATURE |
| death resulted from: Natural couses , Accident , Suicide , Hamicide , Undetermined manner , ACTUAL SIGNATURE |

| Fig. 10. Fig. 3. Surrado se ataba se ataba se | |
|--|--|
| ₹1 - \$-\$ | install lord mil |
| | an langing the second of the |
| | and the state of t |
| The state of the s | |
| Contract of the Contract of | |
| alway say talay | Jasept T value built |
| . Section of the transfer of the section of | The company of the second seco |
| panil | |
| | |
| tieves all range so | |
| ev. 4, fettos esseral de revis residen | |
| , · · · · · · · · · · · · · · · · · · · | The Market Land |
| | |
| SERT 1833 | |

| 世 | 1 | Item 18 G537 FOR STATE REGISTRAR | 11/15/79 da | d STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | IENE 7 9 Z | 3 4 2 0 |
|--|---------------|---|---|---|--|--|
| ay be age 3 death | (1) | | | ırns Geiger | 20 DATE OF DEATH MONTH | 17 79 7 4-8 12 N |
| 8 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | 3. 5 | MALE | RACE . | June 2, 1914 | 6 AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAYS HOURS MIN |
| 250 | 5 | BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland | U.S.A. | MARRIED NEVER MARRIED WIDOWED DIVORCED | Washington | |
| rs offer d by the fur filed within | 74 | HGERS FOUNDAM | T. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE WAS 1106 | URSING HOME OR OTHER INSTITUTION STREET ADDRESS OF HOSpital | 12a USUAL OCCUPATION (TVPG OF WORK FOR MOST OF WORKIN | 12b. KIND OF BUSINESS OR |
| n 24 hour | 5 13 N | | ther institution, give residence of the control of | rtown 134 INSIDE CITY LIMITS? Prick YES \(\text{PES} \(\text{PO} \) | | ket Street |
| ompletely ompletely I and 2 s | | Phillip Parke | Geiger | Carrie | WIDDLE | Sanders |
| ot the death certificate be executed within 24 by the attending physician and completely filler is remove corban papers. Pages I and 2 should cremation, or removal, the medical examiner must have troumotic event, the medical examiner must | 2 160 | WAS DECEASED EVER IN U.S. ARMI (YES, NO OR UNKNOWN) (IF YES, GIVE W YES 1942 | ED FORCES? 166 SOCIAL (AR OR DATES) 214_(| D9-2259 Tiamsville | lexander, Ro | ute 1 2175/4 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| ING PHYSICIAN: The low requires that the death certicateding physician. After this certificate has been signed by the attending to since buriol-transit permit. Then please remove corbants and Mental Hygiene prior to burial, cremation, or removed or tem 18 shows any injury, or ather traumofit expended or tem. | N | | DUE TO, OR AS A CON. (b) DUE TO, OR AS A CON. (c) | isilar grand | pa the logy re- | S days. |
| The law rectan. | CERTIFICATION | 190 DATE OF OPERATION | | HICH OPERATION WAS PERFORMED | YES NO IN CE | YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO |
| PHYSICIAN: TI ending physici this certificate the burnol-transit ad Mental Hygi d or frem 18 sh | MEDICAL CE | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED | P.M. 21e PLACE OF INJURY | 19 211 LOCATION | RED (ENTER NATURE OF INJURY IN ITEM | 18, PART I OR PART 2) COUNTY STATE |
| 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - | 2 | 220.1 certify that (1) (this hospita | (AT HOME, STREET, FACTORY, C | rom, 19 | , to | |
| TO HOSPITAL CATTER cetoined by the hospito TO FUNERAL DIRECTOR should be detached for with the State Dept of H MPORTANT. If them 21 if | | sow the deceosed olive on obove, (I) (we) (did) (did not) 27b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR P | nowle | OF GREE ATTENDING PHYSCIAN 22e ADDRESS | MEDICAL STAFF DIRECTOR PHYSICIAN | hour and from the couses stated 271. DATE SIGNED 9 / 18 / 79 |
| TO HOSP retained to TO FUNE should be with the S | 230 | BURIAL, CREMATION, REMOVAL | 236. DATE 9-21-79 | 230 NAME OF CEMETERY OR CREMATORY Rest Haven Cemete | 13d LOCATION CITY Hagerstow | n. Wash., Md. |
| DHMH-16 20M (VRA 15, 4) 7/78 | 24 F | FUNERAL DIRECTOR .est Haven Fune | | 25s. DAT | EREC'D. BY REGISTRARIZS REC SEP 2 4 1979 | |



| 1 - STATE REGISTRA 1. DECEASED N (TYPE OR PRINT) 3. SEX MALE 70. BIRTHPLACE FOREIGN COUN MOXIC | AME FIRST | EL S. DATE OF BIRTH | MIDDLE | NER'S CERTIF | FICATE OF DEA | TH REG. NO | . 0 % | 6. |
|--|--|-------------------------------|-----------------------------|-------------------------|---------------------------|---|-----------------|-------------------------------|
| 3. SEX MALE 7a BIRTHPLACE FOREIGN COUN | MIGU 4. RACE | S. DATE OF BIRTH | WIDDLE | LAST | | | | |
| 3. SEX MALE 70 BIRTHPLACE FOREIGN COUN | 4. RACE | S. DATE OF BIRTH | | | | 20. DATE KNOWN DESTI- | MONTH GAY | YEAR 2b. HC |
| MALE 7a BIRTHPLACE FOREIGN COUN | | | | GOME | Z | DEATH MATED | SEPT.2 | 1979 9: |
| 7a BIRTHPLACE FOREIGN COUN | Mexican | MONTH DAY | 6. AGE (IN YILL LAST BIRTHE | | | 2c. DATE PRONOUNCED | MONTH DAY | YEAR 24 HO |
| FOREIGN COUN | | Feb 23. | | rs. | MIN MIN | DEAD SEP | | 19 P |
| Movia | (STATE OR TRY) | 76. CITIZEN OF WH | IAT COUNTRY? | 8. MARRIED 1 | NEVER MARRIED | 9. BALTIMORE CITY O | R COUNTY OF | DEATH |
| | | Mexico | | WIDOWED - | DIVORCED | WASHIN | | |
| 10. CITY OR TO | WN OF DEATH | | PITAL, NURSING HOM | | | JAL OCCUPATION (TYPE AOST OF WORKING LIFE) | | IND OF BUSINESS R INDUSTRY |
| Hager | | | on County | | La | borer | | |
| 13a STATE | ICE (IF IN NUTS IN A HOW OR | t other institution, giv Y | 13c. CITY OR TOWN | ion) | E CITY LIMITS? 13e. STRI | EET ADDRESS | | |
| Pennsy. | | | Chambers | | | R. #8 Box 6 | 3 | |
| 14. FATHER'S N | | MIDDLE | LAST | 15. MOT | THER'S MAIDEN NAME | WIDDIE | | LAST |
| Adolfo | Gomez | | | Aid | la Gonzale | 2 | | |
| YES, NO, OR UI | ASED EVER IN U.S. ARM | | 16b. SOCIAL SECURIT | | RMANT | ADDRESS | 1 | 7201 |
| NO | | | None | Jes | us Gomez, 1 | R. R. #8, C | hambersh | burg, Pa |
| 18. CAUS | E OF DEATH (Enter only I DEATH WAS CAUSED | DV | | | | | BETV | PPROXIMATE INTERVA |
| GI | IMMEDIATE | E CAUSE (a) EOI | | | RAFFIC ACC | IDENT INVOL | VING | MMED. |
| 7 8/ | litians, if any, which | | AS A CONSEQUENCE | | | | | |
| gave | rise ta immediate | < (0) | | | R MOTOR VE | HICLE | | |
| | e (a) stating the <u>under-</u> cause last. | | AS A CONSEQUENCE | | | , | 55 11 | |
| 9 197 9 974 | FR CICALIFICATION COMPANY ON | 101 | | | & RUPTURE | D HEART) | | |
| | ER SIGNIFICANT CONDITIONS CO | ONIKIBUTING TO DEATH B | IUI NOT RELATED TO THE TER | MINAL DISEASE OR CONDIT | TION GIVEN IN PART 1 (a). | | | |
| 19g DATE | OF OPERATION | Tigh CONDIT | ION FOR WHICH OPE | RATION WAS PERFO | ORMED? | | 120 | AUTOPSY? |
| FIC | | | | | | | | |
| 21a. EXTE | RNAL CAUSE WAS | 21b TIME OF | INJURY | 21c. HOW INJUI | RY OCCURRED (ENTER) | NATURE OF INJURY IN ITEM 18 P. | | YES X NO |
| 190 DATE 190 | ING OR OF DE | 9:35A.M. | SEPT. 2 19 7 | HEAD O | | WITH ANOT | | ICLE |
| 21d. INJU | NY OCCURRED | 21e. PLACE O | F INJURY (AT HOME. | 21f. LOCATION | | | 7 4611 | |
| WHILE | NOT WHILE AT WORK | STREET, FACTO | ORY, FARM, ETC.) | RT. #40 | NEAR CLEAN | R SPRING, W | COUNTY | ON - MO- |
| P. 1 | | | | | | | | 7149 11104 |
| 22a. 1 | certify that I taak charge | | 14 | Autopsy K., | Inspection X, | | d in my apinian | |
| | sulted fram: Natura | al causes \square , | Accident X, St | | | ermined manner, | | |
| death re | 1 | // / | :x40 - | | (SPECIFY) | | DATE O | EPT. 5,1 |
| ACTUAL | Solman | (/11) X/ | | | DEPUTY MED | ICAL EXAMINER | CICKIED DE | AFFO TAI |
| | RE Solwase | LWX. | (040-11) | M.D | MED | | | |
| ACTUAL SIGNATU | R'S NAME FOWA | RD W. DIT | TO, 111, M | D | 217 WEST | WASHINGTON | STREET | |
| ACTUAL SIGNATU EXAMINE (TYPE OR | R'S NAME EDWA | | | ADDRESS | 217 WEST | WASHINGTON | STREET | |
| ACTUAL SIGNATU EXAMINE (TYPE OR 230.BURIAL, CRE (SPECIFY) | R'S NAME EDWA | b. DATE | 23c. NAME OF CE | ADDRESS | 217 WEST S HAGERSTON | WASHINGTON WN. MARYLAN CATION ORTOWN | STREET 21740 | STATE |
| ACTUAL SIGNATU EXAMINE (TYPE OR | R'S NAME EDWAI | | 23c. NAME OF CE | ADDRESS | 217 WEST S HAGERSTON | WASHINGTON | STREET 21740 | STATE |

STATE OF MARYLAND

| THE STATE OF THE S | | |
|--|--------------------|-----------|
| E.T. S. L. S | usup | 1/4 |
| .т | | |
| RETORIENAN | | Barrell R |
| | | |
| | | |
| | | |
| - Character | | 1 1 38 |
| | | |
| LUCIPAY ESETORA ETTE SETELLAND NA CASE | E. T. E. 1819 | |
| T0 HEA CLEAR BEHIND, INCHINGTON | YAMIOI 1 | |
| | | |
| TURN TO A T A | | |
| T TE | . The forrib . Als | |
| | 4 6 4 | |
| The same of the sa | 기 기계 경우 가는 것이 | |

.

requires that the death certificate be

signed by the ottending physician and campletely filled in by the funeral di-hen please remove carban papers. Pages 1 and 2 shauld be filed within 72 hai

injury, or other traumatic event, the

should be detached for use as the burial-transit permit. Then please remove carbangaper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Item 21 is marked ar Item 18 shaws any

TO FUNERAL DIRECTOR: After this certificate has been

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital ar attending physician

| 100 | |
|-----|---|
| 8 | 1 |
| | |

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 7 | 0 | 63 | 1209 |
|---|---|----|------|
| | 9 | 2 | 3 |

| 1209 | 2.0 | " | 7 |
|------|-------|----|----|
| 3 | the f | 6- | 6- |

| | | REGISTRAR | | CERTIFICATE OF DEATH | REG. NO. | | A SHELLIN | | | | | |
|---|---|---|--|----------------------------------|---|--------------------------|---------------------------------------|--|--|--|--|--|
| | | CEASED NAME FIRST | WIDDLE | LAST | 20 DATE OF DEATH MONT | H DAY YEAR | 2b HOUR | | | | | |
| | | Jennie | ELIZABETH | GOOD HART | 9 | 19 79 | 2 2 0 AM | | | | | |
| í | 3. SE | x | RACE | 5 DATE OF BIRTH MONTH DAY YEAR | 6 AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAYS | | | | | | |
| | - 0 | F | w | 8 15 06 | 73 | YRS | NOORS MIN | | | | | |
| 1 | | RTHPLACE (STATE OR FOREIGN) | L CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED | 9 BALTIMORE CITY OR COUNTY OF DEATH | | | | | | | |
| | | Penna | USA | WIDOWED DIVORCED | Wasi | hington | MD. | | | | | |
| K | 10. CI | TY OR TOWN OF DEATH | 1. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A | G HOME OR OTHER INSTITUTION | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR | | OF BUSINESS OR | | | | | |
| / | - | AGERSTOWN / | WASHINGTON | | Laborer | Fa | ctory | | | | | |
| - | 13a. S | TATE 13b. COUN | OTHER INSTITUTION, GIVE RESIDENCE BEFORE | | 13e STREET ADDRESS | | , | | | | | |
|) | 14.54 | THER'S NAME | anklin Greence | 15 MOTHER'S MAIDEN NA | bSouth | Carlis | <u>e</u> | | | | | |
| 2 | 7 7 | | IDDLE LAST | FIRST | WIDDLE | all " | AST | | | | | |
| 0 | 16a V | VAS DECEASED EVER IN U.S. ARA | NOBIE TYCCNA | RITY NO. 17. INFORMANT | ADDRESS | Pittin | an | | | | | |
| 2 | | | WAR OR DATES) | 2001 Olyan - F | 11 11 0 | 11 | 10 | | | | | |
| 1 | - | ///01 | 037-01- | 1776 OWEN E.E. | MOTT Gre | en castle | VIMATE INTERVAL | | | | | |
| | | PART I. DEATH WAS CAUSED | factor let. | 1 1 1 10 | | BETWEE | DXIMATE INTERVAL N ONSET AND DEATH | | | | | |
| | | 1411 A COMMEDIATE | | Cardiac Hrrthy | , ma | | | | | | | |
| | Conditions, if only, which (b) Severe Organic Heart Disease | | | | | | | | | | | |
| | 9 | gave rise to immediate cause (a), stating the | (b) | 4 | 10.13 | | | | | | | |
| | - | underlying cause last. DUE TO, OR AS A CONSEQUENCE OF Atherosclerotic Vascular Disease. | | | | | | | | | | |
| ĕ | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/01 | | | | | | | | | | |
| Ľ | ON | | | | | | | | | | | |
| 2 | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | | IF YES, WERE FIND | | | | | | |
| | RTIF | | | | YES NO | YES | NO [| | | | | |
| | | OR CONTRIBUTING CAUSE OF DEAT | 21b. TIME OF INJURY HOUR A.M. MONTH DA | Y YEAR 216 HOW INJURY OCCURE | RED (ENTER NATURE OF INJURY IN IT | EM 18, PART 1 OR PART 2) | Chicago and | | | | | |
| | MEDICAL | (IF EITHER, NOTIFY MEDICAL EXAMINER) | P.M. | 19 | | | | | | | | |
| | WED | 21d. INJURY OCCURRED WHILE NOT WHILE | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA | 21f LOCATION STREET | CITY OR TOWN | COUNTY | STATE | | | | | |
| | | AT WORK AT WORK | | | , , , , | A B | | | | | | |
| | .00 | 22a.1 certify that (I) (this haspital saw the deceased alive an _ | ol) oftended the deceased from | 9 16 19 79 | , to | 19.77 | , the lost | | | | | |
| | | abave, (I) (wat the India nat | | and that in (my) (sur) opinion o | death occurred on the date a | | | | | | | |
| | | Mary E. 1 | Your und. | DEGREE ATTENDING | MEDICAL _ STAFF | | ESIGNED | | | | | |
| | | 22d. PHYSICIAN'S NAME (TYPE OR | | PHYSICIAN 222e. ADDRESS | MEDICAL STAFF DIRECTOR PHYSICIAN | | 17/17 | | | | | |
| | | 41 - 111 | oney und. | Autretam | Prof. Bld- | Harets | town. | | | | | |

BP. DHMH - 16 50M 1/76

(VR A 15 (4))

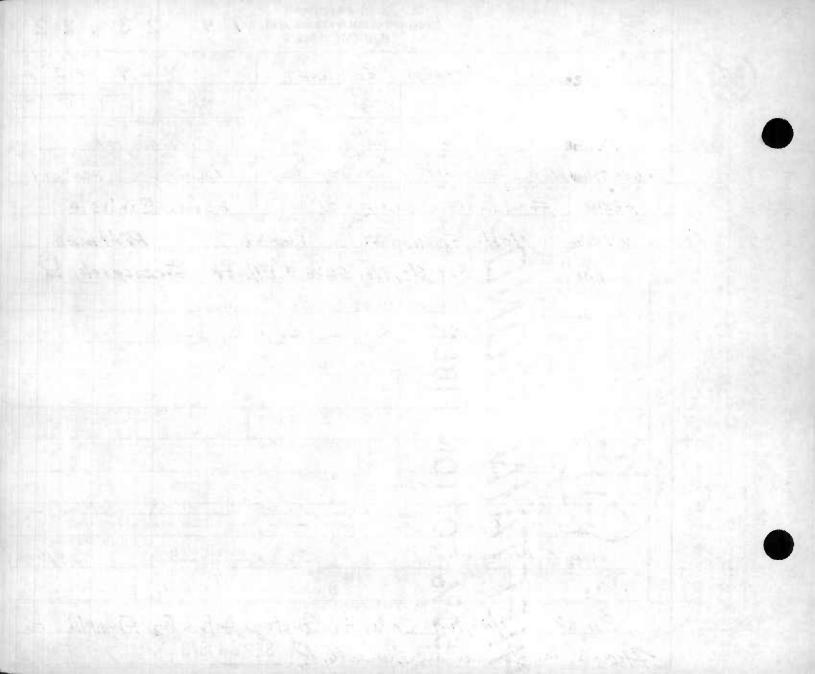
24. FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL

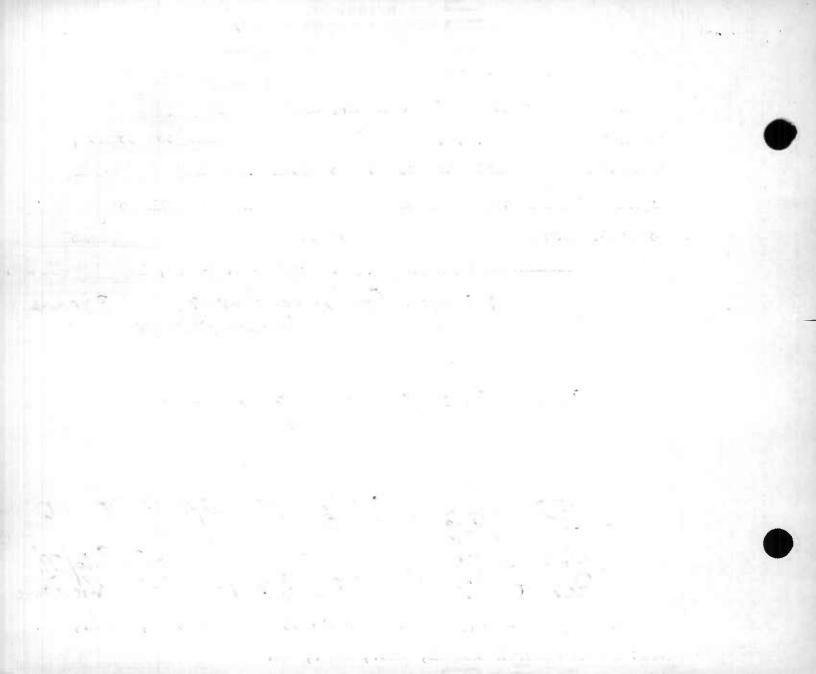
23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

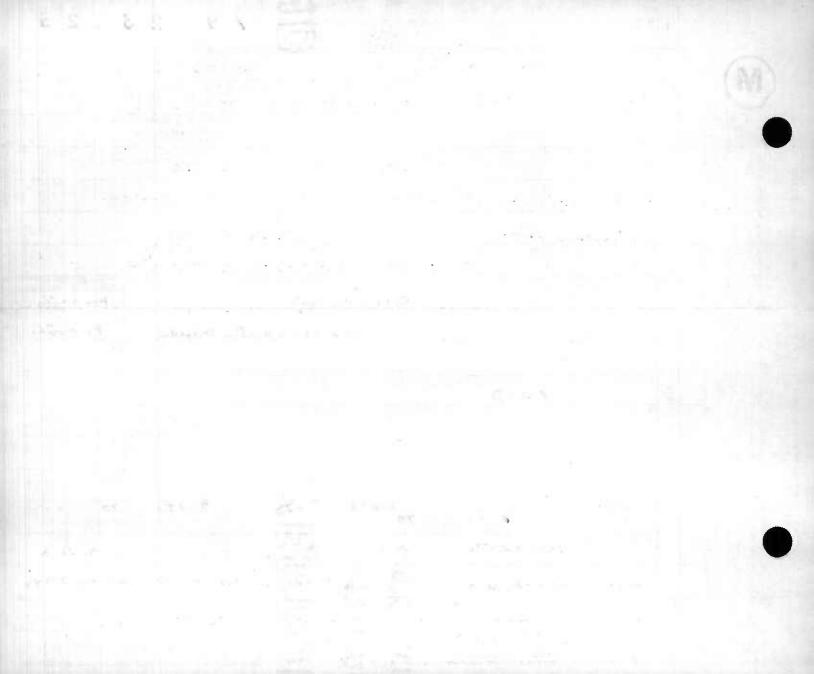
SEP 2 4 REGISTRAR 1979



. DIL . ACCES LIES OF TREES.



| | 1 - | FOR STATE REGISTRAR | | | | MENT OF H | E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH | IENE 7 9 | 2 | 3 4 | 2 5 | |
|----|---------------|--|--|---|--|--|--|--|--|--------------------------------|---|--|
| П | I. DE | CEASED NAME OR PRINT) | Maud | | Ephes | | AHN | 26 DATE OF DEATH Septembe | | DAY YEAR | 2b. HOUR | |
| ŀ | 3 SE | (| | RACE | Ephes | S. DATE C | OF BIRTH | 6. AGE JIN YEARS LAST BIR | | IF UNDER LYEAR | # UNDER 24 HR | |
| 1 | | female | | white | 2 | Decer | mber 23, 1884 | 94 | YRS. | MONTHS DAYS | HOURS MIN | |
| F | | RIHPLACE (STATE OR P | | 76 CITIZEN OF WHAT COUNTRY? 8. WARRIED □ NEVER MARRIED □ WIDOWED ☑ DIVORCED □ | | | BALTIMORE CITY OR COUNTY OF DEATH | | | | | |
| 70 | | TY OR TOWN OF DE Boonsbor | | | HOSPITAL, NURSIN HEACHITY, GIVE STREET KEEDY M | IG HOME C | OR OTHER INSTITUTION | 12a. USUAL OCCUPAT ITYPE OF WORK FOR MOSTO housewill | ION OF WORKING LI | | F BUSINESS C | |
| F | 13e S | AL RESIDENCE IN NUR | | HER INSTITUTION, | | E ADMISSION) | 134. INSIDE CITY LIMITS? | 130. STREET ADDRESS WOOdland Way | | | | |
| | _ | THER'S NAME FIRST Willia | MID | DIE | LAST | 15 MOTHER'S MAIDEN NAME FIRST Ida Geisinger (A5) | | | | | 1 | |
| 1 | 16a V | VAS DECEASED EVER ES, NO OR UNKNOWN! NO | | D FORCES? | 166 SOCIAL SECU 214-09-1 | | Dorothy Fier | y, Hagersto | | | | |
| | | PART I. DEATH V | H (Enter only o | one couse per | line for (o), (b), on | d (c).) | | | | BETWEEN C | MATE INTERVAL DISET AND DEAT | |
| | NOI | PART 2 OTHER SIG | NIFICANT CON | (c) | ONTRIBUTING TO | | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIV | VEN IN PART 110 | 11 | |
| 9 | CERTIFICATION | 19a DATE OF OPERA | TION | 196. CONDI | TION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | NGS USED OF DEATH? | | | |
| 9 | MEDICAL CER | 21g. ACCIDENT WAS UN OR CONTRIBUTING | CAUSE OF DEATH | 21b. TIME O HOUR A. | M. MONTH D | AY YEAR | 21c HOW INJURY OCCUR | ED (ENTER NATURE OF INJU | RY IN ITEM 18, I | PART 1 OR PART 2) | | |
| - | Š | ALL BUILDY OCCUP | RED | 21e. PLACE | | | 211 LOCATION | | | | | |
| | ME | 21d. INJURY OCCUR | HILE [| (AT HOME, STE | EET, FACTORY, OFFICE, F | ARM, ETC.) | STREET | CITY OR TO | WN | COUNTY | STATE | |
| | ME | WHILE NOT WAT WORK 22a.1 certify that (I sow the decease obove. (I) (we) (| (this hospital) | ottended the | e deceosed Irpm_ | 3ep 79or | of 13 , 19.79 and that in (my) (our) opinion of | | 25. | 19. 29 , 1 | that (1) (we) li | |
| | ME | WHILE NOT WAT WORK 22e.1 certify that (I sow the decease obove. (I) (we) (Constitution of the constitution of the constitutio | this hospital) (this hospital) ed alive an did) (did not) v | ottended the | e deceosed Irpm_ 19_ olter death. | 3ep 79or | nd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN (1) | | ote and hou | 19_ 25 | that (1) (we) li | |
| 1 | WE | WHILE NOT WAT WORK 22a.1 certify that (I sow the decease obove. (I) (we) (| (this hospital) ed alive an did) (did not) v | ottended the | e deceosed Irpm_ 19_ olter death. | 32p | nd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN [] | to | ote and hou | 19 29 , 1 ur and from the d | that (I) (we) located signed | |
| 1 | 23e. E | WHILE NOT WAT WORK 22e. I certify that (I saw the decease obove. (I) (we) (I 22b. SIGNATURE 22d. PHYSICIAN'S N | WHILE (this hospital) (this hospital) ed alive an did) (did not) v VANA AME (TYPE ORPR DATT REMOVAL | ottended the Sew the body | e deceosed Irom | M D | DEGREE ATTENDING PHYSICIAN 220 ADDRESS (600 OAK HO EMETERY OR CREMATORY VEN CEMETERY VEN CEMETERY ATTENDING PHYSICIAN TO THE TEMETERY TO THE TEMETERY | death accurred on the d | ote and house of the class of t | 22. DATE: | shot (I) (we) like couses stoted signed 26.25 | |



Thought the control of the control o Sent loc 21 to 25 de la company de la compan The Park of the Color of the Color of the Park of the Color of the Col south face, above as a company to hear when we have N. S. Charles, Court of Colors in T. Bank C. status, s.D. v. ... vistatas trovis, descriptions, the consensus a break was to be a large

ATTENDING PHYSICIAN: The low

| 7 | | 1 | |
|---|---|---|--|
| 3 | 1 | | |
| 1 | 1 | | |
| 1 | | | |

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

| | 1- | STATE REGISTRAR | | | | CERTIFI | CATE OF DEATH | REG. NO | - | | | | |
|----|---------------|---|-------------------|------------------------------------|---|------------------|------------------------------|--|---|----------------|----------------------------|--|--|
| 1 | | EASED NAME | FIRST | , | AIDDLE | LA | ST | 20. DATE OF DEATH | ONTH | DAY YEAR | 26. HOUR P | | |
| | (TYPE C | OR PRINT) | James | | Clay | HAF | RTSAW | September | | | 12:20 M | | |
| - | 3. SEX | | | 4 RACE | | S DATE O | F BIRTH DAY YEAR | 6 AGE (IN YEARS LAST BIRTH | | MONTHS DAYS | IF UNDER 24 HRS HOURS MIN. | | |
| | | male | | Wh | ite | | uary 9, 1920 | 59 | YRS. | | | | |
| | co | THPLACE (STATE COUNTRY) | | 76 CITIZEN OF | WHAT COUNTR | Y? 8. MARRIED | NEVER MARRIED | 9. BALTIMORE CITY OR Washing | | OF DEATH | MD. | | |
| 2) | 10. CIT | TY OR TOWN OF | DEATH | 11. NAME OF | - | SING HOME O | R OTHER INSTITUTION | 120 USUAL OCCUPATIO | JAL OCCUPATION WORK FOR MOST OF WORKING LIFE; INDUSTRY | | | | |
| 0 | | agerstown | | | Frederic | | et | assembler | | laircraft mfg. | | | |
| 6 | 13a S | TATE Saryland | 136_COUN | other institution ITY ington | ution, give residence before admission) 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRE 1552 Free | | | | | Street | | | |
| | 14 FA | THER'S NAME FIRST | | AIDDLE | EAST | | 15. MOTHER'S MAIDEN NA | ME | | LAS | ī | | |
| 1/ | | Charl | | rtsaw | | | | y Wyatt ADDRES | 2 | | | | |
| | 16a. W | AS DECEASED EVES, NO OR UNKNOWN) | (IF YES, GIVE | MED FORCES? WAR OR DATES) | 166 SOCIAL SE 214-16- | | 17. INFORMANT | | | | | | |
| | | Yes | W.W | . II | 22.1 20 | | Doris Rawls. | 101 Harvard | Rd. | , Hager | stown, Md. | | |
| | | 18 CAUSE OF DE | | ONSET AND DEATH | | | | | | | | | |
| | | PARI I. DEAIR | IMMEDIAT | E CAUSE (or | ronic p | yelonep | hritis with s | secondary re | nal | 5 yrs | 5 mos. | | |
| | | 590 | ^ | | R AS A CONSEC | | failure | | | | | | |
| | | Conditions, if c | | (b) | | | | | | | | | |
| | | gove rise to cause (a), st underlying co | | | | | | | | | | | |
| | | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN I | | | | | | | | | | | |
| | z | | | | | | | | | | | | |
| | CERTIFICATION | 190. DATE OF OPE | | | | | N WAS PERFORMED | 200 AUTOPSY? 200, IF YES, WERE FINDINGS USED | | | | | |
| 3 | FICA | 190. DATE OF OPE | RATION | 179. CONDITION FOR WHICH OF EXAMO | | | T WAS TEN OWNED | | TIFYING CAUSES OF DEATH? | | | | |
| | RT | | | 7 21b. TIME C | NE INTUINIV | | 21c HOW INJURY OCCUR | YES NO | | | 110 [] | | |
| | | 21g. ACCIDENT WAS OR CONTRIBUTING | CAUSE OF DEA | TH HOUR A | .M. MONTH | DAY YEAR | I ZICHOW WOOK! OCCOR | KED (EMICK INCIDIC OF INSOR | , as them to. | , | | | |
| | MEDICAL | 21d. INJURY OCC | URRED | 21e. PLACE | OF INJURY | CE. FARM, ETC.) | 21f. LOCATION STREET | CITY OR TOW | N | COUNTY | STATE | | |
| | > | AT WORK | T WORK | | | | | | | | | | |
| | | 220.1 certify tho | t (I) (this hospi | tal) attended th | ne deceased fro | | 2/2 19 74 | | | | that (I) (14) lost | | |
| | | sow the dec | eased alive on | 7/9) | ofter death. | 9 <u>79</u> , or | nd that in (my) (or) opinion | death occurred on the do | te and ho | | | | |
| | | 226. SIGNATURE | 1 | 11 | 1 / | 0 | DEGREE | | | 22c. DATE | SIGNED | | |
| | | 1/1 | 1.0/0 | Koumas | - had | K, | ATTENDING PHYSICIAN | MEDICAL STAF | | 9/26 | 5/79 | | |
| | | 224 PHYSICIAN'S | S NAME (TEL | | 1 | | 22e. ADDRESS | | | | | | |
| | - 8 | W. | T. Layn | an, M.D |). | | 301 E. Antie | etam St., Ha | gerst | cown, MI |). | | |
| | | BURIAL, CREMATK | | | | 3c. NAME OF C | EMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | | COUNTY | STATE | | |
| | (| buria buria | 1 | Sept.2 | 8,1979 | Rose H | ill Cemetery | Hagerst | | Wash. | Maryland | | |

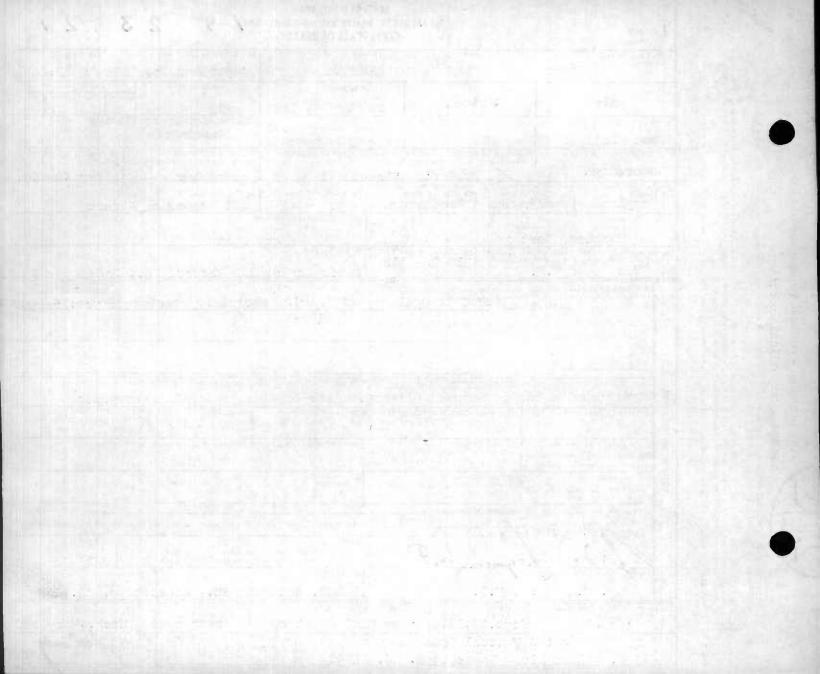
BP. DHMH - 16 25M

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral directhould be detached for use as the burial-transit permit. Then please remove corbon papers. Pages I and 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Hem 21 is morked or Item 18 shows ony injury, ar other troumotic event, the medical examiner must be notified at once.

(VR A 15 (4) } 9/74

24 FUNERAL DIRECTOR Minnich Funeral Homes 415 E. Wilson Blvd, Hagerstown, Md. 21740



| | | FOR STATE REGISTRAR | | STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH | REG. NO. | 4 2 8 | |
|---|--------------------|--|---|--|---|--|--|
| (4) | | CEASED NAME FIRST Juli | a Ruth | HAUPT | September 26, | 20. 110 OK | |
| 9 | 3 SE | x Temale | 4. RACE White | November 26, 191 | | FUNDER I YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN | |
| S conce | | RTHPLACE (STATE OR FOREIGN BOONSBORO, Md. | 76 CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED WIDOWED DIVORCED | 9. BALTIMORE CITY OR COUNTY O Washington | OF DEATH MD. | |
| 300 | | lagerstown | 11. NAME OF HOSPITAL, NURSIN (IF NOTINGUCH ACTUTY GIVE STREET GEORGE | ADDRESS) | 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) | 126. KIND OF BUSINESS OR | |
| 36 | USU. 430.5 | AL RESIDENCE (IF NURSING HOME CATATE 136 COUNTY Wash | or other institution, give residence before NTY 134 CITY OR TOWN Hagerst | | 13e STREET ASPRESS Locus | t St. | |
| 11 Camine | 14 FA | George | W. Shoemak | er 15. MOTHER'S MAIDEN NA | da Catherine | LAST Kline | |
| medical | 160. V | VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GI | RMED FORCES? 166. SOCIAL SECU 219-46- | | T. Haupt, Hagers | Locust St. | |
| ourial, crematian, ar re y, ar ather traumatic e | | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost. | DUE TO, OR AS A CONSEQUE | mial Concurren | | N IN PART You | |
| to to | IFICATION | | | | | | |
| aws any in | TIFICAT | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | 200 AUTOPSY? 20b. IF YES, IN CERTIFY YES NO YES | WERE FINDINGS USED ING CAUSES OF DEATH? | |
| Hygiene 18 shaws | CAL CERTIFICATION | 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE) | 21b. TIME OF INJURY HOUR A.M. MONTH D. | 21c. HOW INJURY OCCUR | IN CERTIFY | ING CAUSES OF DEATH? | |
| Hygiene 8 shaws | MEDICAL CERTIFICAT | 21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DI | 21b. TIME OF INJURY HOUR A.M. MONTH D. | 21c HOW INJURY OCCUR 19 211 LOCATION | YES NO YES | ING CAUSES OF DEATH? | |
| Hygiene 18 shaws | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE) 210. IN JURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (I) (the has sow the decased alive o | 21b. TIME OF INJURY HOUR A.M. MONTH D, P.M. 21b. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F | AY YEAR 19 211 LOCATION STREET 19 19 19 211 LOCATION 19 28 | YES NO YES YES NO YES RED (ENTER NATURE OF INJURY IN ITEM 18, PAI | ING CAUSES OF DEATH? NO NO COUNTY STATE | |

23c. NAME OF CEMETERY OR CREMATORY Boonsboro Cemetery

BP.

DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR John H. Bast, Jr. Boonsboros, Maryland 21713

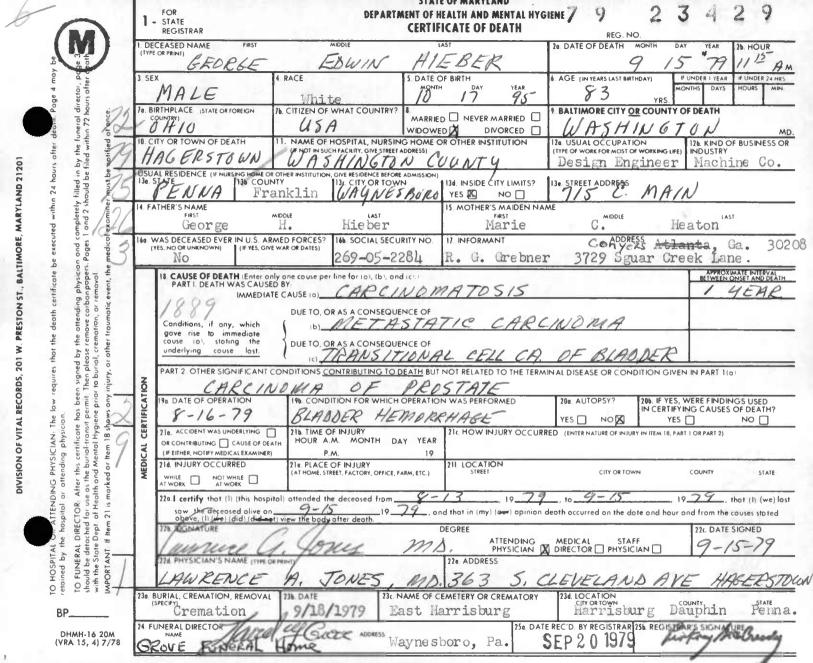
23b. DATE 9- 29- 79

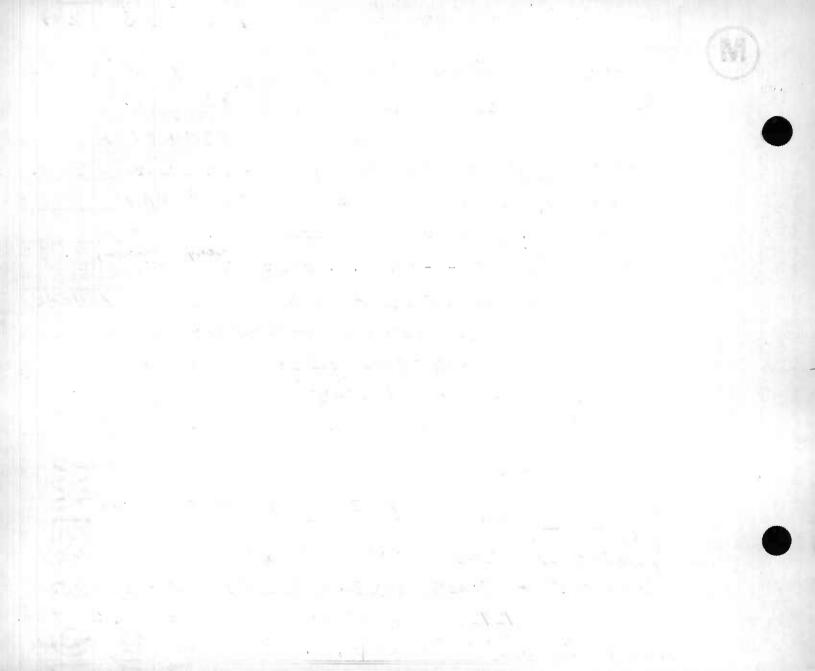
230. BURIAL, CREMATION, REMOVAL

23d LOCATION COUNTY BOONSboro, Wash. Co., Md.

250. DATE REC'D BY REGISTRARIES REGISTRARIES IGNATURE

| Allega to the second second | | | | | |
|--|------------|-----------------|--------------|----------------|------|
| COm GIRT off nec moral | | | en la nide | | |
| | releas tac | | | 6 <u>0</u> 160 | |
| rate him. | | | 4 4 | (-1111) | |
| 10.0- 2.00 (32.50%) | | .) 15.00 | | | |
| A Land of the land | | mo segui | e in the | de linaliya | |
| solf) ontro: 1 | | THE RESERVE | | | |
| The same state of the same sta | .I well | 101 Bu-215 | | | |
| Section of the second | | | | | |
| | | de model it | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | 25 V | 400 | A. A. Galler | | |
| 8 (1 t) (1 t) (1 t) (8 | | On lan | U. El KB | Same of Same | |
| pay comparately in | | | | | |
| Remadero, Limit of the Vi. | Annual sa | e (Cron) | S-8 S0 | Julya | |
| | Livis a | ocate, desertan | Booms | Can . Rec | S.F. |



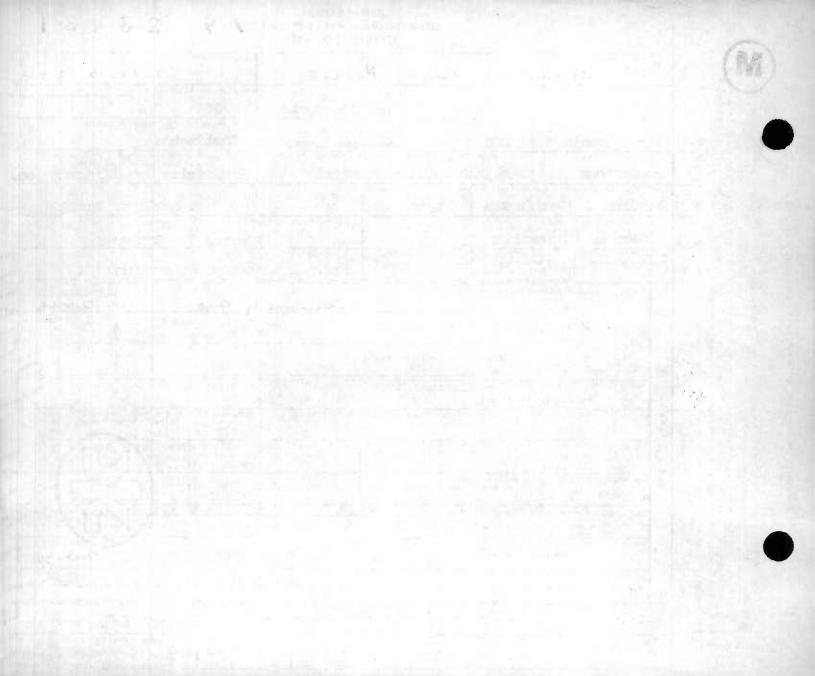


| X | 1. | FOR STATE | | | | | AND MENTAL HY | 7 64 | クマ | 4 3 | Ω | |
|--|-------------------------------------|--------------------------------------|---|--------------------|---|---------------------|--------------------------------------|---|---------------------|---------------------|--------------------------|--|
| | | REGISTRAR | | MEI | | HER'S | CERTIFICATE OF | F DEATH REG | G. NO. | 7 4 | O | |
| (M) | | CEASED NAME OR PRINT) | | nald | Ray | H | ENNINGER | 20 DATE KNOW OF ESTI- DEATH MATE | N M MONTH □ Sept. | 10 ₁₉ 79 | 3:50 D M | |
| SARY, FIL ALDIE YOU STON | 3. SEX | ale | white | July 31 | , 1945 6. AGE (INY | PARS IF UN MONTH | DER 1 YR. IF UNDER 2 | | MONTH | 10 ₁₉ 79 | 26. HOUR 3:50 P. M | |
| CESSARY NERAL DII FOR YOU VITHIN 72 PRESTON | | RTHPLACE (| | 76. CITIZEN OF WE | | Te. | IED WEVER MARRIE | 9 BALTIMORE C | ITY OR COUNT | Y OF DEATH | | |
| | | reign country) | | USA | | WIDOW | | | gton | | MD. | |
| PAGE SHEED | 10 CITY OR TOWN OF DEATH Hagerstown | | | Washing | 1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Washington County Hospital 120 USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE) FOR MOST OF WORKING LIFE) | | | | | | | |
| 385 | 13a. S | TATE | (IF IN NURSING HOME OR IT IS OUNT BET | Υ | VE RESIDENCE BEFORE ADMISS 13c. CITY OR TOWN Kearneysvi | | 13d. INSIDE CITY LIMITS? YES NO X | 13e. STREET ADDRESS Route | 2, Box | 454A | | |
| WAS S | | | K. Henni | | nger | | | 15. MOTHER'S MAIDEN NAME FIRST Marie Angle LAST | | | | |
| PAGES 1 AND DIVISION OF | 16a V | VAS DECEASE ES NO, OR UNKNI NO | D EVER IN U.S. ARM | | 16b SOCIAL SECURI | | 17. INFORMANT | | RESS | | 7 | |
| 0 | | .VO | | | 214-46-52] | .6 | Mrs. Vonda | lea Henninge | r, Kear | | | |
| | | 18 CAUSE C PART I D | DF DEATH (Enter only EATH WAS CAUSED | ev. | far(o),(b), and(c).) assive Bloc | d Los | s due to | | | BETWEEN ONSE Minu | T AND DEATH | |
| R ALONG V SIT PERMIT. HYGIENE, D VAL. | | 819 | 1 1 miniculate | | AS A CONSEQUENCE | | | | | | 1334 | |
| AL EXAMINER A BURIAL-TRANSIT AND MENTAL HY ON, OR REMOVAL | | | ins, if any, which ise to immediate | (b) R: | ight Hemoth | orax | and Hemoper | ritoneum fro | m | | | |
| EXAMINER HAL-TRANS MENTAL H OR REMOV | | cause (a |) stating the under- | DUE TO, OR | AS A CONSEQUENCE | OF | | | | W 11-15 | A 7 1 | |
| O S | | lying ca | use last. | (c) R1 | uptured Spl | een a | and Liver | | | | | |
| IAL, CREMATION, OR R | NO | PART 2 OTNER 5 | IGNIFICANT CONDITIONS CO | | | | E OR CONDITION GIVEN IN PART | 1 (a), | | | | |
| 7 Se | Y. | 19a. DATE OI | POPERATION | 196. CONDIT | ION FOR WHICH OPE | RATION W | 'AS PERFORMED? | | | 20. AUTOPSY | ? | |
| PRIOR TO BURIAL, | Ĭ | 1 | None | | | | | | | YES X | NO 🗌 | |
| 3 | MEDICAL CERTIFICATION | UNDERLYING | AL CAUSE WAS GORING CAUSE OF DI | HOUR A.M | MONTH DAY YEA Sept. 10 19 7 | R | ow MJURY OCCURRED ar accident. | LENTER NATURE OF INJURY IN IT | EM 18 PART 1 OR PAR | T 2) | | |
| SIOR | EDIC | 21d. INJURY | OCCURRED | 21e PLACE C | OF INJURY (AT HOME, | 21f. LO | CATION | | | | | |
| 1 | 3 | AT WORK | NOT WHILE | STREET, FACT | ory, farm, etc.) treet | Sal | Lem Avenue, | Hagerstown, | Washing | gton, M | d. STATE | |
| 3 | | | ify that I taak charge | af the remains des | cribed above, held an | Autap | sy 🔀, Inspection | | and in my api | | | |
| E, MARYLAND, 2 | , | ACTUAL SIGNATURE | France | ne a | Jegan, | м | TITLE (SPECIFY) | MEDICAL EXAMINER | DATE SIGNED | 9/11/ | 79 | |
| TO FUNERAL DI AFTER DEATH, V BALTIMORE, MA | 00.5 | | | | apzon, M.D. | | ADDRESS | . First St., | Hagers | town, M | d. | |
| | (5 | burial | | pt.13,19 | | | Cemetery | 23d. LOCATION CITY OR TOWN Hagerstown | , Wash. | , Maryl | and | |
| 7 (5)) | | NAME | 1,11,11,17 | ch Funer | | | 25a. DATE RE | CB. BY PECISINO 256. | KE POLYCON | SAMORAN | 7 | |
| 73 | 4 | 15 E. I | Wilson Blv | d., Hage | rstown, Md. | 217 | 40 | | /. | | le . | |

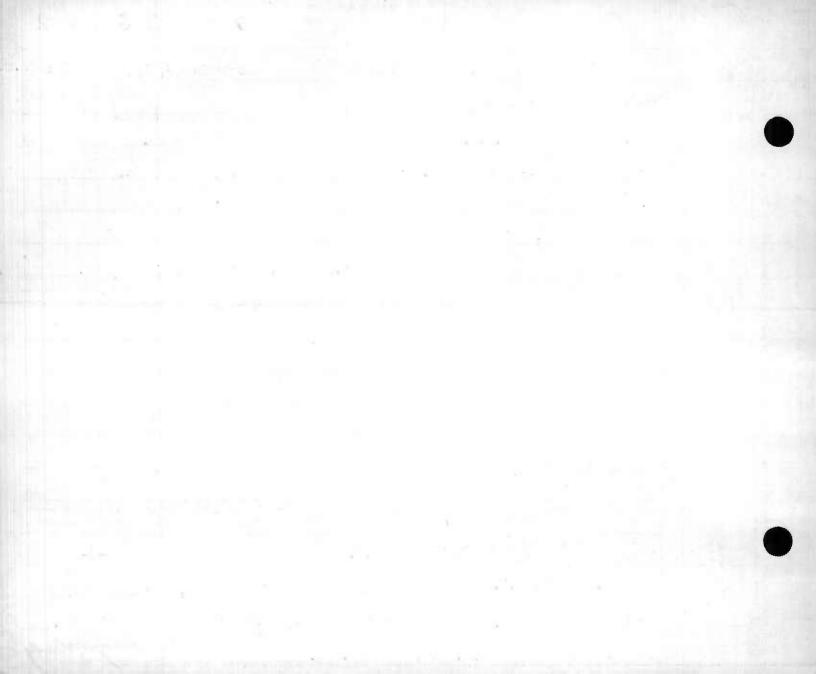
STATE OF MAKTLAND

| Many or Branch and All Many of Contract of | |
|--|------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| THE STATE OF THE S | though engineers |
| | |
| | |
| most more resident the part | tracers diffully |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| and the second s | |
| | |
| | |
| The companies of the contract | |
| | |
| | |
| | |
| | |
| | |
| HYNA THE TANK I SHARE THE | |
| | |
| | |
| THE MENT PROPERTY OF THE PARTY | |
| | |
| | |
| | |
| | |
| Canal State Cours | |
| THE PERSON NAMED IN COLUMN TO THE PE | |
| | |

| | 1 | FOR STATE REGISTRAR | | | DEPART | MENT OF H | E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH | | 2 3 | 44 | 3 |
|--|---------------|--|--|----------------------------|---|------------|---|--|--|----------------|-----------|
|) | {TY | | FIRST EMEN | 75 | ADAMS | - 11 | OELLE | | MONTH DA | | 3.55 P. 1 |
| ctor, p | 3. S | male | 4 RAC | E vhit | e | 5 DATE O | | 6 AGE JIN YEARS LAST BIRT | MC | | HOURS MIN |
| n 72 hour | | BIRTHPLACE (STATE OR FOR COUNTRY) Pennsylvania | IGN 76 CIT | | WHAT COUNTRY? | 8 | D NEVER MARRIED | | R COUNTY C | OF DEATH | <u> </u> |
| filed with | I | lagerstown | Was | shing | ton Coun | ADDRESS) | OR OTHER INSTITUTION | 120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF THE PROPERTY OF THE | RELAST BIRTHDAY) JE UNDER 1 YEAR IF UNDER 24 HEST MONTHS DAYS HOURS MAIN CCUPATION OR MOST OF WORKING LIFE) ICLIAN COUPATION OR MOST OF WORKING LIFE) INDUSTRY EQUIPMENT CO CORESS W. Antietam Street MIDDLE TT. Gephart ADDRESS Hagerstown, Md. RETWEEN ONSET AND DEATH RETWEEN ONSET AND DEATH TO CONDITION GIVEN IN PART 1 (a) SY? IN CERTIFYING CAUSES OF DEATH? YES NO RE OF INJURY IN ITEM 18, PART 1 OR PART 2) ITY OR TOWN COUNTY STAFF PHYSICIAN PLACERSTOWN, MG 2174 PHAGERSTOWN, MG 2174 PHYSICIAN DAYS MAIN PHAGERSTOWN, MG 2174 PHAG | | |
| and blue and bearing bearing bearing bearing and blue and | 130 | | s home or other II BL COUNTY Washing | | GIVE RESIDENCE BEFOR 13t CITY OR TOW Hagers | N | 13d INSIDE CITY LIMITS? YES 🔯 NO 🗌 | 13. STREET ADDRESS 119 W. A | ntieta | m Stre | et |
| 11 | | Martin R. | | | EAST | | | MIDDLE | Gepha | art LAS | л |
| e medical | 160 | WAS DECEASED EVER IN (YES NO OR UNKNOWN) | U.S. ARMED FO IF YES, GIVE WAR OR | | 214-09-6 | | Mrs. Jane St | weeney, Hage | ss erstow | | |
| banpaper r remaval. ic event, th | | 18 CAUSE OF DEATH PART I. DEATH WA | Enter only one of CAUSED BY | | line for (a), (b), an | d +c | Carcinons | or Lines | | | |
| ose remove con il, cremation, a other traumat | NO | Conditions, if ony, a gave rise to imme cause (a), stating underlying couse | which diate | ıb) | R AS A CONSEQUI | | | | | | |
| r to burio injury, ar | | Α | VD, CF | | ONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | inal disease or conf | DITION GIVEN | N IN PART 10 | 2 |
| iene prio | CERTIFICATION | 190 DATE OF OPERATIO | ON 19 | b CONDI | TION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a. AUTOPSY? YES NO | IN CERTIFY! | NG CAUSES | OF DEATH? |
| ltem 18 st | | 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAI (IF EITHER, NOTIFY MEDICAL | JSE OF DEATH | b. TIME O HOUR A P.: | M. MONTH D | YEAR | 21¢ HOW INJURY OCCURR | ED (ENTER NATURE OF INJUR | Y IN ITEM 18, PAR | T 1 OR PART 2) | |
| rked or 1 | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK | 1.4.1 | PLACE OF THOME, STR | OF INJURY EET, FACTORY, OFFICE, F | ARM, ETC.) | 21f. LOCATION STREET | CITY OR TOW | 112 | COUNTY | STATE |
| of Healt | | 220.1 certify that (1) (the saw the deceased above, (1) (we) (did | | | | 1 | d that in (my) (aur) apinion of | | | | |
| ate Dept. | | 22b. SIGNATURE | as ant a | | | MO | DEGREE ATTENDING PHYSICIAN TX | MEDICAL STAF | | | |
| with the State | | VASANT D | | mo | b. | | 22e ADDRESS | | | פות, אני | 21740 |
| 7 } ≧ | k | BURIAL, CREMATION, RE (SPECIFY) DUTIAL | Sej | pt.20 |),1979 F | | emetery or crematory ill Cemetery | 123d LOCATION CHYORTOWN Hagersto | | | |
| A 1/76 | | UNERAL DIRECTOR M 115 E. Wilso | | | ADDRESS | Md. | | SEP 2 4 1979 | 25b. REGISTR | R'S SIGNAT | Ta Credy |



| 3 | | 1 - | FOR STATE REGISTRAR | | | | MENT OF H | E OF MARYLAND LEALTH AND MENT LICATE OF DEAT | | REG. N | | | 3 2 |
|-------------------------------------|-----------|---------------|---|------------------|--------------------|----------------------|--------------|--|-----------|--|---|------------|-----------------------------|
| - | | | CEASED NAME | FIRST | | IDDLE | | AST | | 2. DATE OF DEATH | | YEAR 2 | Ib. HOUR |
| 到400 | | | Jo | hn | N | 1. | Hoff | man | | September | 5, 1979 | | 11:45a.m |
| VIV | B | 3. SE | Male | | Cave | | S. DATE (| | rEAR | 6 AGÉ (IN YEARS LAST BIRT | HDAY) IF UNDE | | F UNDER 24 HRS HOURS MIN |
| P P | 01- | 7a. Bi | RTHPLACE (STATE OR F | | | VHAT COUNTRY | 2 2 | D NEVER MARR | | BALTIMORE CITY O | | ATH | |
| nerd n 72 | u de | | enna. | | U.S. | Α. | WIDOWE | | | Washingto | n Co. | | MD. |
| y the tu | Wifeed | 10. CI | TY OR TOWN OF DE. gerstown | | NAME OF H | | T ADDRESS) | OR OTHER INSTITUT | ЮИ | 12a USUAL OCCUPATION OF WORK FOR MOST OF | ON 12b. F WORKING LIFE) IND | USTRY | BUSINESS OR |
| nours I in by be fill | Pe - | USU | AL RESIDENCE UF NUR | SING HOME OR OTH | ER INSTITUTION, | ONE RESIDENCE BEFO | RE ADMISSION | | | Mgr, Ice C | ream CD. | <u> Da</u> | iry |
| filled hould b | som 5 | | Md. | Washin | | William | | 134. INSIDE CITY LI YES 🛣 NO | _ | 13. STREET ADDRESS 11 Tamma | ny Lane | | |
| etely 12 st | 50/1 | 14. FA | THER'S NAME | MIDD | OLE. | LAST | | 15. MOTHER'S MAI | IDEN NAM | AE MIDDLE | 111111111111111111111111111111111111111 | LAST | |
| and a | × / (| W | illiam | E. | Hoff | | | June | | | McEwer | | |
| od co | medicol | 16a V | VAS DECEASED EVER | IN U.S. ARMEI | FORCES? | 166 SOCIAL SEC | URITY NO | 17 INFORMANT | | ADDRE | SS | | Md. |
| Po C | ae / | | no | | | 199-05-8 | 709 | Mrs. Joh | m M. | Hoffman 1 | 1 Tammany | In. | Willmpt |
| ysicio your | t, the | | IL CAUSE OF DEAT | H (Enter only o | ne couse per l | ne for (o), (b), o | nd (cs.) | 1 | | | | APPROXIMA | ATE INTERVAL |
| a phy on p | even | | PART I. DEATH V | IMMEDIATE C | | Cere | bust | heru | シレンジ | 90 | | | |
| orbigo or or | ofic | | 431- | | DUE TO, OR | AS A CONSEQU | JENCE OF | | | | | | |
| offer ove | froumotic | | Conditions, if ony | | (b) | | | | | | | | |
| at at a | her fr | | gove rise to im | ng the | DUE TO, OR | AS A CONSEQU | JENCE OF | | | | | | |
| d by eose ol. c | 10 10 | | underlying couse | lost. | (c) | | | | | | | | |
| quires signe fhen pl | nlury. o | NO | PART 2 OTHER SIG | NIFICANT CON | iditions <u>co</u> | NTRIBUTING TO | DEATH BUT | NOT RELATED TO T | HE TERMI | nal disease or con | DITION GIVEN IN F | ART 1(o) | |
| been mit prior | you' | CERTIFICATION | 190 DATE OF OPERA | TION | 196 CONDIT | ION FOR WHICH | H OPERATIO | N WAS PERFORMED | D | 20a AUTOPSY? | 206. IF YES, WERE | FINDING | SS USED |
| hos per | S A | Ĕ | | | | | | | | YES NOT | IN CERTIFYING (| AUSES O | OF DEATH? |
| hysicid icote ronsit Hygin | 18 sho | SE SE | 21a. ACCIDENT WAS UN | DERLYING _ | 216. TIME OF | | | 21c HOW INJURY | OCCURR | ED (ENTER NATURE OF INJUI | | PART 2) | |
| ph ph | Hem 1 | | OR CONTRIBUTING | | HOUR A.A | | DAY YEAR | Section in | | | | | |
| ding ding | F / | MEDICAL | 214 INJURY OCCUR | | 21e PLACE C | F INJURY | | 211 LOCATION | -1: | | | | |
| orter the | ked | ¥ | WHILE NOT W | THILE | (AT HOME, STRE | ET, FACTORY, OFFICE, | FARM, ETC I | STREET | | CITY OR TOV | VN COU | NIA | STATE |
| Afr or see os | 90 | | 22a Leastifu that (I | (threshwarted) | ottended the | deceosed from | Augu | st 19 | 58 | septem | per 5 19 7 | 9th | ot (I) (wax lost |
| Spitol CTOR of He | n 2 3 15 | | 22a.) certify that (I saw the decease obove, (I) (SE) (| ed olive on S | eptemb | er 5. 197 | | | opinion d | eoth occurred on the d | | om the co | ouses stoted |
| o ho DIRE Dept | H Hem | | 22h SIGNATURE | 2000 | Br. | 2 | | DEGREE | DING | MEDICAL STA | | c. DATE SI | |
| 2 = 2 = 0 | | | 1/1/1 | | CHIL | 100 | | PHYS | ICIAN X | DIRECTOR PHYSIC | IAN | 9-7-7 | 19 |
| FUNE old be | TAP | | 174 PHYSICIANS N | | | 0 | | 22e ADDRESS | 28 We | st Potomac | Street | | |
| efoined TO FUN should b | MPORTANT | | Max E. | Byrkit, | M. D. | | | 0 | Wi Wi | lliamsport | Marylan | d 2. | 1795 |
| 5 5 7 4 3 | 3 | 23a E | BURIAL, CREMATION | REMOVAL I | 36. DATE | 23c | NAME OF C | EMETERY OR CREM | | 23d. LOCATION CITY OF TOWN | COUNTY | | STATE |
| BP | | , | Burial | | Sept. | 8, 1979 | Linco | oln Cemete | ery | Chambersbu | irg Frank | lin | Pa. |
| DHMH-16 | 20M | 24. FI | UNERAL DIRECTOR | | | ADDRESS | | | 250 DATE | TOGO BY REGISTRAR | 25h. REGISTRAGES | IGNATU | E A |
| (VRA 15, 4) | | Ro | bert G. S | ellers | 297 Phi | | , Cha | ambg. Pa. | | OF! T (19) | الميدار ال | 7 | creedy |
| | | | | | | | | | | | | | |



| (1) | | FOR STATE REGISTRAR | | PARTMENT OF | TE OF MARYLAND HEALTH AND MENTAL HYPE FICATE OF DEATH | REG. NO. | 3 4 | 3 3 |
|--|---------------|---|---|--|---|--|---|--------------------|
| (M) | 1. DE | CEASED NAME FIRST Ethe | l Eliza | НО | LDER | September | 6, 1979 | 10:00 |
| ge 4 ma ector, I rrs ofte | 3. SE | x emale | White | | of BIRTH 1899 | 6 AGE (IN YEARS LAST BIRTHDA | y) IF UNDER I YEAR MONTHS DAYS | |
| neral dir in 72 hou | Da | OUNTRY) OWNSVILLE, Md. | U. S. A. | MARRI WIDOW | ED NEVER MARRIED | BALTIMORE CITY OR C Washington | | |
| by the fulled with | 57 | agerstown | 11. NAME OF HOSPITAL, | | | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOSLOF WO | DRKING LIFE) 126 KIND INDUSTRY | OF BUSINES Home |
| filled in ould be f | USU Ma | AL RESIDENCE (IF NURSING HOME C STATE Aryland 13h COU Was | nother institution, give residently chington Hage | CE BEFORE ADMISSION OR TOWN TSTOWN | 13d. INSIDE CITY LIMITS? | 13e SIREST ADDRESS COL | lege Rd. | |
| mpletely and 2 sh | 14 E. | Franklin | MIDDLE De L | Lauter | 15. MOTHER'S MAIDEN N. | AME | Snyde | î. |
| e execute | No. | WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GI | | 36-3646 | Mr. Robert | L. Holder, | fd. 3 Collagerstown, | ege R |
| low requires that is been signed by ermit. Then please e prior to buriol, cr. s any injury, or ath | CERTIFICATION | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTION | NG TO DEATH BU | With Early | 20a AUTOPSY? 20 | ON GIVEN IN PART 1 16. 1F YES, WERE FIND 1 CERTIFYING CAUSE | INGS USED |
| ding physicion. The ding physicion. Is certificate ho buriol-transit physician. Mental Hygienn or Item 18 show | | 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI | 110110 111 11011 | TH DAY YEAR | | YES NO PARED (ENTER NATURE OF INJURY IN | YES | NO 🗌 |
| dG PHYSIC! attending per this cert is the buriol hand Menter rked or Item | MEDICAL | (IF EITHER, NOT IFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK | P.M. 21e. PLACE OF INJURY JATHOME, STREET, FACTORY, | 0FFICE, FARM, ETC.) | 21f. LOCATION STREET | CITY OR TOWN | COUNTY | STA |
| ATTENDIN spitol or CTOR: Af of for use of of Healt | | 22a. I certify that (I) (this hasp sow the deceased alive a above, (I) (i) (did n | n Superior of the deceased of | | | deoth occurred on the date of | | |
| ITAL OR A by the hor RAL DIRE e detoched stote Dept | | 22b. SIGNATURE | litsony se | D | DEGREE ATTENDING PHYSICIAN 22e ADDRESS | MEDICAL STAFF DIRECTOR PHYSICIAN | | 2/79 |
| TO HOSPITAL (TO FUNERAL (should be deto with the Stote (IMPORTANT: If | | J. D. Wils | on, M. D. | | 580 North | ern Ave., Hage | erstown, M | d. 217 |
| BP | L | BURIAL, CREMATION, REMOVA (SPECIP BURIAL | 236. DATE 9- 8- 79 | Browns | | em. Brownsvill | | |
| DHMH - 16 50M 1/76 (VR A 15 (4)) | 24 F | Jöhn H. Bast, | Jr. Boonsb | oro, Md. | 21713 SEP | TE REC'D BY REGISTRARIAN. | REGISTRING SONA | TURE |



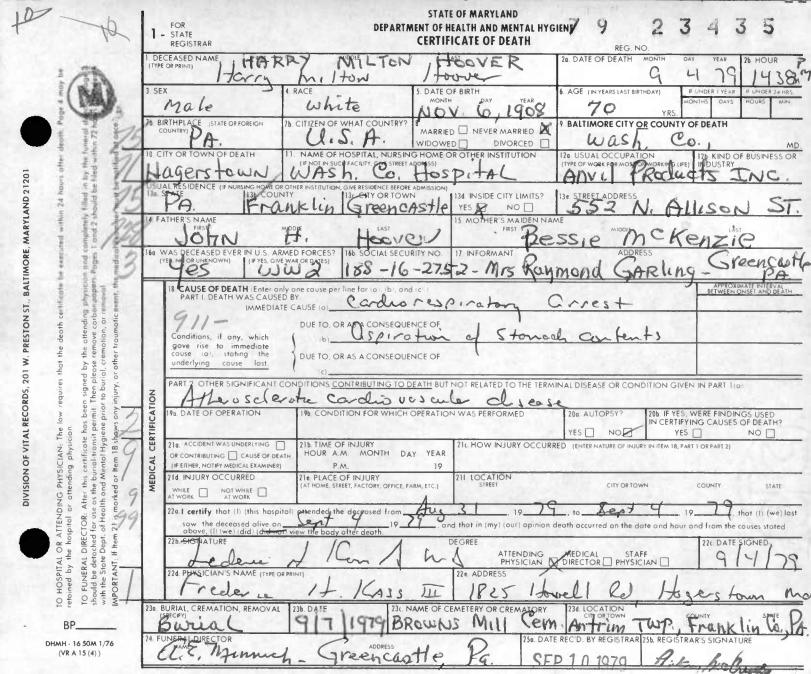
| C:01 PART & CORP.CH | | | s-113 | ī- | |
|---|----------|-------|---------|--------|----------|
| | | . 5 | | | oLure |
| normality | | | | | elibere. |
| o of my Division | | | ad west | | photes a |
| Is. : Milage Ma. | | 40.75 | | Mary . | Constru |
| Table 1 | | | | G mi | E plant |
| . Molası, efa. : Gellingo k | 21120030 | | | | 250 |
| AND | | | | | |
| | | | | | |

Store inch in the manager of the street

Can H. J. Blog Co. Commission, Inc. 21713

| 3 | 1- STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 2 3 4 3 4 |
|--|--|
| (M) | REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. |
| 0 | 1. DECEASED NAME FIRST MIDDLE LAST COPRINT) FIRST MIDDLE LAST 26. DATE KNOWN MONTH DAY YEAR 126. HOUR OF ESTI- DEATH MATED Sept 2 1979 933 M |
| PLE RECTOR | 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 24. DATE MONTH DAY YEAR 24. HOUR |
| N 2 N N | Female White Jan 12 1963 16 yrs. Hours Min Pronounced Sept 3 1979 12 MM |
| NERAL INFRALI | To BIRTHPLACE (STATE OR FOREIGN COUNTRY) 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED S 9. BALTIMORE CITY OR COUNTY OF DEATH |
| | W.Va. U.S.A. WIDOWED DIVORCED WASHINGTON MD. |
| DELAY IS N TO THE FI PAGE S BETTED | LCITY OF 12 W OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY) |
| T A BEAT | Clear Spring / DOA Washington Co. Hospital Student School |
| - F. A. G. R. C. | USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE (ITY LIMITS? 13e. STREET ADDRESS |
| PET SHOUL | W.Va. Berkeley Martinsburg YES R NO 0 906 Sheridan Ave. |
| O T. NAN. | 14. FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE LAST |
| F. S. | Summers Clevland Hollis Phylis Stisan Ridenour 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17. INFORMANT ADDRESSO G. Showidan Ave |
| A SISSIE | (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) |
| BALTIMOR URS AFTER I B. GIVE PAG WITH FORM PONISION O | No 232-13-8749 Summers C. Hollis -Martinsburg, WV |
| , 200 | 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| TON ST. V 24 HC I TEM 1 I TEM | 129 IMMEDIATE CAUSTING PLOTO TO Vehicle 172561C LECTION |
| | 21/2/1945 |
| W. PREST D WITHIN FENCIL IN AMINER TRANSIT ENTAL HY REMOVA | Conditions, it only, which gove rise to immediate cause (a) stating the under- DUE TO, OR AS A CONSEQUENCE OF |
| - F-X-3-8 | lying couse lost. (c) 10to to Tucherle. |
| | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) |
| ECOR BE E NED IN AS A ALTH EMAT | (Crushing Insury chest - Hassive Drow Insury-Introsphowing/ flago |
| VITAL RECORDS, S. SHOULD BE EXER ORD "FENDING" E. CHIEF MEDICAL TO F. HEATH AN TO F. HEATH AN RAI, CREMATION | (Crushing Insimy Chest - Hossive Drow Insimy - Intrashdowing Range) 196. Date of operation 196. Condition for which operation was performed? 20. Autopsy? YES NO 198. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOLD AND MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) |
| OF VITAL ATE SHO WORD THE CHIE TO BE US VENT OF BURNAL | YES NO HE 1716 EXTERNAL CAUSE WAS 1716 TIME OF INJURY 1716 HOW IN ILIPY OF CLIPPED ANTIBE OF INJURY IN ITEM 18 PART I OR PART IN |
| | 216 EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR AMM, MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) |
| SION STIFFIC G TH G TH C TH C TH C TH C TH C TH C TH C TH C | UNDERLYING LOOR CONTRIBUTING CAUSE OF DEATH 93-P.M. SELF 1979 OCCUPENT OF UBLIFUE TO COOLURE UNLESS OF DEATH 93-P.M. SELF 1979 OCCUPENT OF UBLIFUE TO COLORED 21d. INJURY OCCURRED 21d. INJURY OCCUR |
| DIVISION HIS CERTIFIC WRITING TH ARABED TO GE 3 SHOU VIE DEPARTY | |
| CSTAGE | AT WORK AT WORK Hishwes KTHEO West-Nr. Clear-Spr-ing West Md |
| | 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry , ond in my opinion |
| ME BOES | death resulted from: Natural couses Accident Suicide Homicide Undetermined manner |
| EXA CER CER WITH | ACTUAL ACTUAL TITLE (SPECIFY) |
| CAL THE SHO SHO SHO MATH CE, A | SIGNATURE M.D. DEPOLEY MEDICAL EXAMINER SIGNED OF 3: 1929 |
| TO MEDICAL EXECUTE THE PAGE 4 SHE TO FUNER A AFTER DEATH BATTIMORE, | EXAMINER'S NAME (W. D. HO THE MY) ADDRESS () W. WOOK St Hagenstown M |
| PATO PAGE | 23g BURIAL CREMATION REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 123d LOCATION |
| BP | Burial Sept. 5, 1979 Old Norborne Cem. Martinsburg Berkeley WVa. |
| DHMH - 17 (VR A15 ME (5)) | 24. FUNERAL DIRECTOR NAME ADDRESS 815 W. King St. 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE |
| 15M7/77 | Louis W. Kogelschatz Martinsburg, WV. SFP 10 1979 Listan hall |

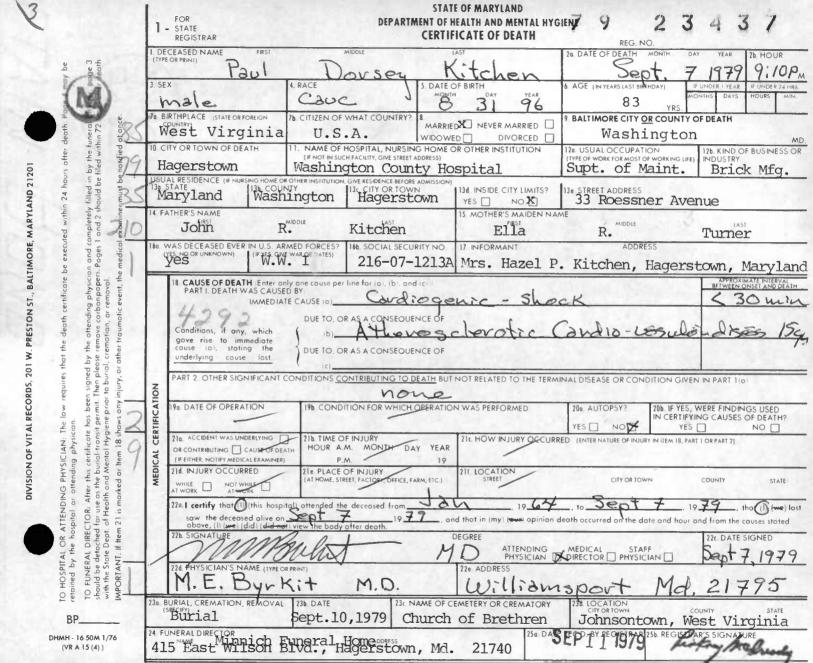
| | MAN HO STATE |
|-------------------------|--|
| Ya.Y | a sampeo i melikasikansia |
| | |
| | |
| | 0 0 9 |
| Kenned Laboratoria | |
| the same and the second | |
| | |
| | Comment of the transfer of the 200 Market Seaton |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Vicinities particular | Admin -/ - de de la la CVIII, C.V |
| | |

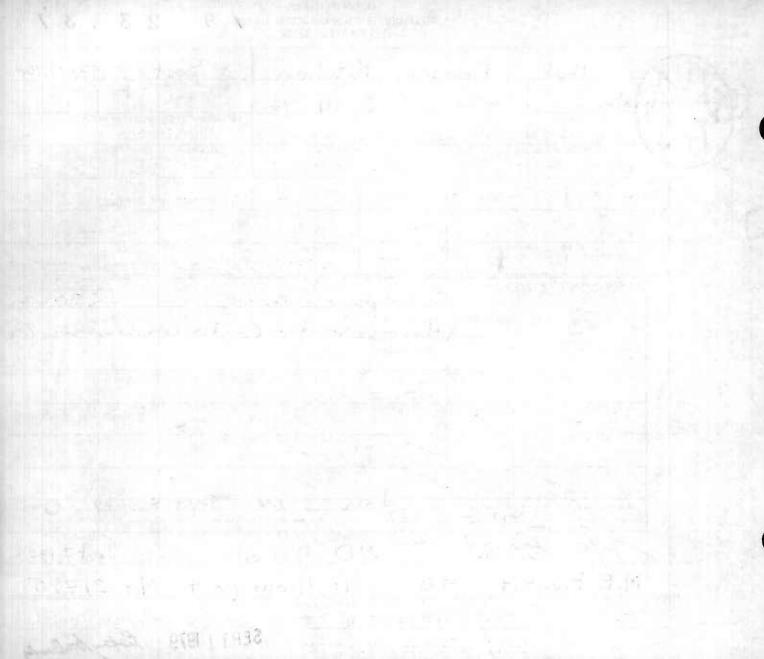


CHARLES ARROW THAT A CAPPER STREET, AND A THE WAR DE STATE OF THE STATE O THE NAME OF THE PARTY OF THE PA Williams 1 for margarens 2 little and mile to fi

| 1 - STAT | E STRAR | | DEPARTMENT OF | TE OF MARYLAND HEALTH AND MENTAL H' FICATE OF DEATH | YGIENT 9 | 2 3 4 | 3 6 |
|-----------------------------|--|--|---|---|-----------------------------|--|---|
| 1. DECEASE (TYPE OR PRIN | | s Edward | ard | JONES | 20 DATE OF DEATH Septembe | er 27, 1979 | 26 HOUR |
| 3 SEX Mal | e | White | | OF BIRTH 1 20, DAY 1 900 EAR | 6 AGE (IN YEARS LAST BIR | THDAY) IF UNDER 1 YE MONTHS DATE | |
| COUNTRY) | nsboro, Md. | 76. CITIZEN OF WHAT CO | MARRI WIDOW | ED NEVER MARRIED [| I.7a alada a | OR COUNTY OF DEATH | ٨ |
| Boo | nsboro | 11. NAME OF HOSPITAL | Box 363 | | 120 USUAL OCCUPAT | | of Business C |
| 13a STATE | _ 13b_COU | nother institution give residinty hington Boo | ence before admission Or JOWN NSDOPO | 13d. INSIDE CITY LIMITS? YES NO | 13e STREET ADDRESS | Box 363 | |
| 14 FATHER'S | Samuel. | MIDDLE | ones | 15. MOTHER'S MAIDEN N | a Midding | | 1A5 Carson |
| VAS DE | CEASED EVER IN U.S. A DRUNKNOWN) (IF YES, GI | RMED FORCES? 166 SOC 219- | 11AL SECURITY NO. -05-9909 | Mrs. Reva | | Td. 3 Boonsboro, l | Md. 2171 |
| NOI | 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBU | | T NOT RELATED TO THE TER | 200 AUTOPSY? | 20b. IF YES, WERE FIN IN CERTIFYING CAUS | ES OF DEATH? |
| | CCIDENT WAS UNDERLYING [INTRIBUTING CAUSE OF DI HER, NOTIFY MEDICAL EXAMINE | HOUR A.M. MOI | | 21¢ HOW INJURY OCCU | JRRED (ENTER NATURE OF INJU | YES THE TEM 18, PART 1 OR PART 2 | NO [|
| | NJURY OCCURRED | 21e PLACE OF INJUR (AT HOME, STREET, FACTOR | Υ | 211 LOCATION STREET | CITY OR TO | NN COUNTY | STATE |
| 50 | w the deceased alive a | n attended the decease | 10 79 / | and that in (my) (aur) apinio | n death occurred on the d | ote and hour and from t | , that (I) (we) to the couses stated |
| 1 | J.D. WE | Leon/N/So | arange | DEGREE ATTENDING PHYSICIAN | | FF G | TE SIGNED |
| | 1. D. WIL | SON/RU | SARAM, | 27e ADDRESS | SERSJOW | U, MARS | VEANS |
| Buri | | 9-29-79 | | oro Cemetery | Boonsb | oro, Wash. | |
| John John | H. Bast, Jr | . Boonsborô | , Marylan | ad 21713 | CT 0 1 1979 | 25b. REGISTRAR'S SIG | Crusy |

| | nie- |
|--|---------------------------------------|
| | ate. |
| | · · · · · · · · · · · · · · · · · · · |
| refres comes to the factors of the set of the | ogeograpud |
| onocenose w | Maryl of manager |
| reaction and sense. | Laure |
| 2)- 5- 500 Mes. who P. Jones Mas. 2 | .0 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | 1 - 1 - 1 - P - 1 - 1 |
| | S-7 Initial |
| المحدد، الميوك المالات | ool . The John . I held . |





| Hagerstown Washington County USUAL RESIDENCE (IF PURSAGE HOME) GOVE BE STATE USUAL RESIDENCE (IF PURSAGE HOME) OF OTHER BRITHTON, GIVE RESPICE MENOR ADMASSION) IS STATE Maryland Washington II. CHIVOR TOWN YES ON D II. CHIVOR TOWN YES ON D II. STATE ADDRESS Maryland Washington II. FATHER S NAME MOONE II. FATHER S NAME MOONE II. FATHER S NAME MOONE III. SAM S DECEASED EVER IN US. SAMED FORCES? III. SOCIAL SECURITY NO. II. RAFFORMANT NO II. CAUSE OF DEATH Ector only one course per line for ion, (b) and ion PART 1 DEATH WAS CAUSED BY. III. CAUSE OF DEATH Ector only one course per line for ion, (b) and ion MAREDIATE CAUSE IO) DUE TO, OR AS A CONSCOURNCE OF Conditions, if any, which gove rise to immediate course ion; stoling the underlying course lost DUE TO, OR AS A CONSCOURNCE OF III. DATE OF OPERATION III. DATE OPERATION III. DATE OF OPERATION III. DATE OF OPERATION III. DA | 3 8 |
|--|----------------|
| 1. SEX STATE OF BRITH ACCOUNTY White ACCOUNTY BAITMORE CITY OF COUNTY OF BAITMORE CITY OF BAITMORE | 2b. HOUR |
| The surfice of the su | IF UNDER 24 HI |
| The Birthplace statiospores Notificen of what country Marry and USA Widowsel Washington Washing | HOURS MY |
| Maryland USA | |
| Hagerstown Washington County Hospital Owner & operator Auto USUAL RESIDENCE (# PAURISMO HOME OF CHEEN STUTION, GIVE ESPICE FOR ADMASSION) Ills CHIV OR TOWN Maryland Washington Hagerstown Yes Cx No 134 MISSIDE CHIV LIMITS? 134 STREET ADDRESS Maryland Washington Hagerstown Yes Cx No 134 MISSIDE CHIV LIMITS? 134 STREET ADDRESS Maryland Washington Hagerstown Yes Cx No 134 MISSIDE CHIV LIMITS? 134 STREET ADDRESS Maryland Washington Hagerstown Yes Cx No 134 MISSIDE CHIV LIMITS? 134 STREET ADDRESS Maryland Washington Hagerstown Yes Cx No 134 MISSIDE CHIV LIMITS? 134 MISSIDE CHIV LIMITS? 134 STREET ADDRESS Maryland Washington Hagerstown Yes Cx No 134 MISSIDE CHIV LIMITS? 134 | |
| The STATE The | Sales |
| George Calvin Kline George Calvin Kline Flora Foltz Jesus Special Security No. 17 Informant Address Flora Foltz Jesus Maddle Calvin First Special Security No. 188–09–5129 Mrs. Constance Kline, Hagerstown, I. 188–09–5129 Mrs. Constance Kline | |
| 16 WAS DECEASE DEVER IN U. S. ARMED FORCES: 18 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS | |
| (YES, NO OR UNKNOWN) NO 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse lost DUE TO, OR AS A CONSEQUENCE OF USE TO, OR AS A CONSEQUENCE OF USE TO, OR AS A CONSEQUENCE OF USE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO IN CERTIFYING CAUSES YES OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO IN CERTIFYING CAUSES YES OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO IN CERTIFYING CAUSES YES OR CONTRIBUTION TO REATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO OR CONTRIBUTION CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (BETHER NOTEWING ALEXANDES) 216 INJURY COCCURRED 216 INJURY COCCURRED 216 INJURY COCCURRED 216 INJURY COCCURRED 217 INJURY COCCURRED 218 INJURY COCCURRED 219 INJURY COCCURRED 210 INJURY COCCURRED 210 INJURY COCCURRED 211 INJURY COCCURRED 212 INJURY COCCURRED 213 INJURY COCCURRED 214 INJURY COCCURRED 215 INJURY COCCURRED 216 INJURY COCCURRED 217 INJURY COCCURRED 218 INJURY COCCURRED 219 INJURY COCCURRED 210 INCOMING COUNTY 211 INJURY COCCURRED 212 INJURY COCCURRED 213 INJURY COCCURRED 214 INJURY COCCURRED 215 INJURY COCCURRED 216 INJURY COCCURRED 217 INJURY COCCURRED 218 INJURY COCCURRED 219 INJURY COCCURRED 210 INCOMING CONTRIBUTION COUNTY 210 INCOMING CONTRIBUTION COUNTY 211 INJURY COCCURRED 212 INJURY COCCURRED 213 INJURY COCCURRED 214 INJURY COCCURRED 215 INJURY COCCURRED 216 INJURY COCCURRED 217 INJURY COCCURRED 218 INJURY COCCURRED 219 INJURY COCCURRED 210 INCOMING CONTRIBUTION 210 INTURED CONTRIBUTION 210 INTURED CONTRIBUTION 210 INTURED CONTRIBUTION 211 INJURY COCCURRED 212 INJURY COCCURRED 213 INJURY COCCURRED 214 INJURY COCCURRED 215 INJURY COCCURRED 216 INJURY COCCURRED 217 INJ | >1 |
| 18. CAUSE OF DEATH lEnter only one couse per line for 101, (b), and (c). PART I. DEATH WAS CAUSED BY. MMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse 101, stating the underlying couse last. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY ITEM 16, PART 1 OR PART 2) OR CONTRIBUTING CAUSES YES NO 19 PM. 19 PM. 19 PM. 19 PM. 19 PM. 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY ITEM 16, PART 1 OR PART 2) 21d INJURY OCCURRED 21d IN | |
| PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE to CATOLOGUE MEDIATY ATTEMPT | |
| 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDIN IN CERTIFYING CAUSES YES NO YES NO YES NO YES NO YES NO YES YES NO YES YE | 0, |
| OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21d. INJURY OCCURR | OF DEATH? |
| WHILE ATWORK ATW | NO [] |
| DEGREE ATTENDING MEDICAL STAFF PHYSICIAN TO DIRECTOR PHYSICIAN PH | STATE |
| ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA | |
| George C. Newman, II, Ph.D., M. D. 1825 Howell Rd., Hagerstown, Md. 2 | 9/79 |
| S NUMBER OF A VIOLENCE OF A VI | 21740 |
| SPECIFY OR CREMATION, REMOVAL 138. DATE 131. NAME OF CEMETERY OR CREMATORY 138. LOCATION COUNTY | STATE |
| burial Sept. 21, 1979 Leitersburg Lutheran tem. Leitersburg Wasi | sh., Md |
| 24 FUNERAL DIRECTOR Minnich Funeral Flower 415 F. Wilson Blvd. Hagerstown, Md. 21740 | |

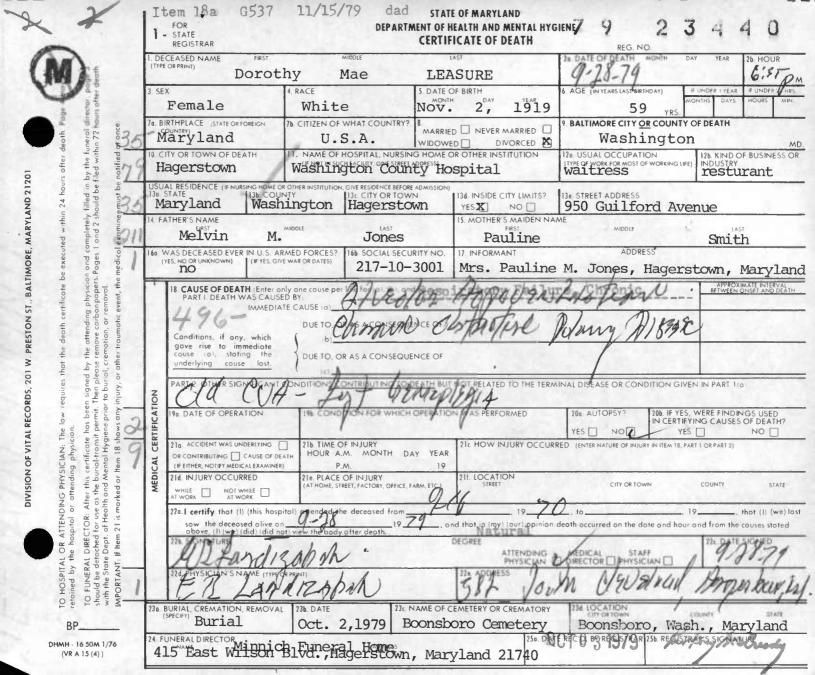
X

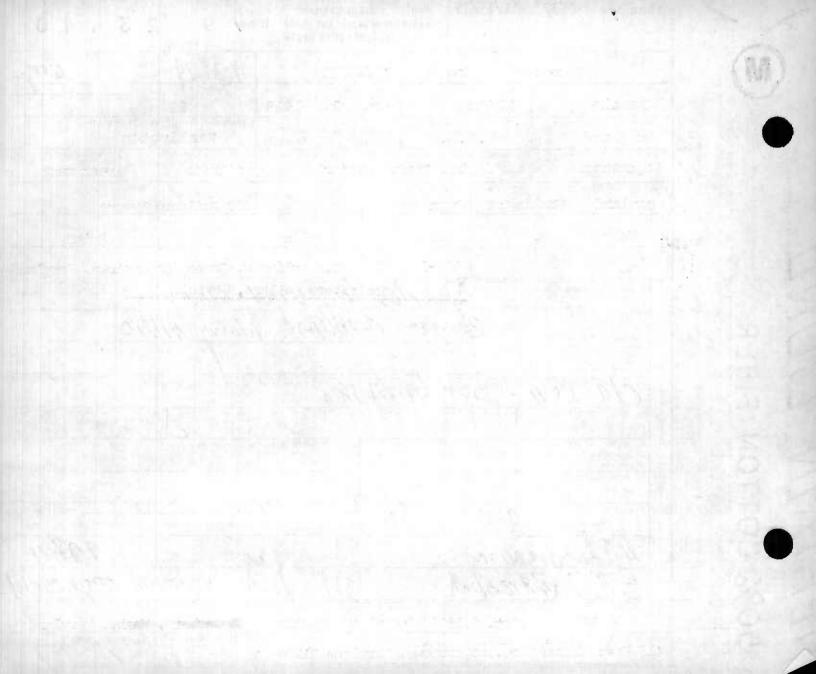
66/67/6

Secres S. Nowmen, IT, PR.R., L. D. +dz Fowell Id., Fraulten, Md. 25140

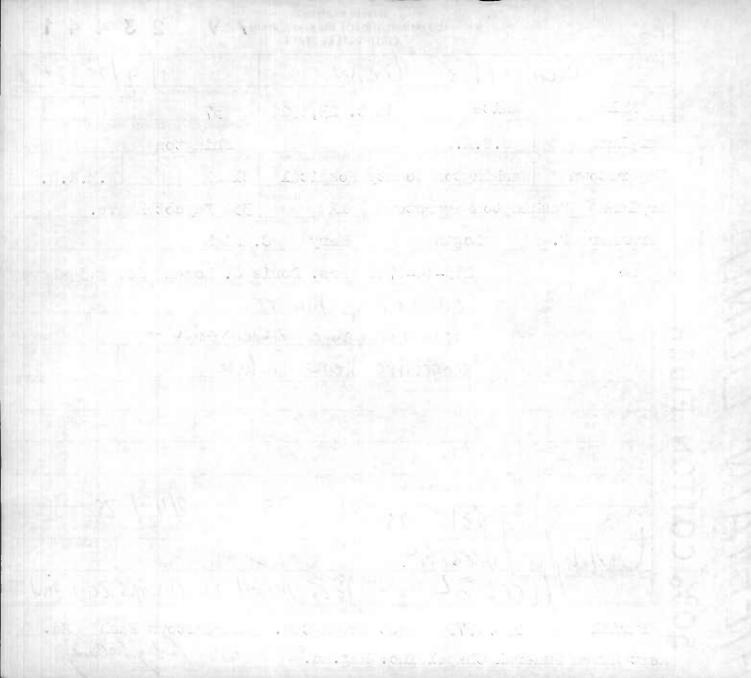
| | | FOR STATE REGISTRAR | | STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH RST MIDDLE LAST 20. DATE KNOWN MONTH DAY YEAR 126 HOUR | | | | | | | | |) | | |
|--|-----------------------|---|--|--|---|---|---|---|-------------|--|-------------------------------|-------------------|------------------------|---|---------------------------|
| (M) | | CEASED NAMI | Floy | d Ray | | KLINE | - | | | | TE KNOWN ESTI- TH MATED | | t.12 | | 25. HOUR 11:50 |
| JECESSARY, PHONERAL DIRECTOR YOUR. WITHIN 72 HOUS, PRESTON STREE | 7a E | ale | 4 RACE white | Dec. 18, 1 | .958 | 6. AGE (IN YEAR LAST BIRTHDAY 20 YRS | MONTHS | DAYS H | UNDER 24 | PRONC DE | DUNCED EAD | Sep | DAY 0t.12 | YEAR 19 79 | 2d. HOUR 11:50 A. M |
| NECESSAI FUNERAL 5 FOR YO W PRESTO | 5 M | arylar | ad | USA | MARRIED NEVER MARRIED | | | | | | | | n | | MD. |
| PELAY IS N TO THE FI V PAGE 5 BE FILED, 55, 301 W | H | agerst | own | Washing | In Ame of Hospital, Nursing Home, or other institution (if Not insuch facility, give street address) Washington County Hospital R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | | | | | | | OF | or industry roofing | | |
| 2, AND 3 TO 3. RETAIN P SHOULD BE AL RECORDS, | 13a. S | ryland | 13b. COU | e or other institution, of inty nington | 130 CITY Will: | OR TOWN | t I | 3d. INSIDE CITY Yes 🔲 | LIMITS? 13 | e. STREET AD ROUTE | DRESS 2 | Z | | | |
| M ATH | d | | oyd R. | Kline, | Sr. | LAST | | 5. MOTHER'S | Bea | NAME atrice | | | | LAST | |
| BALTIMON URS AFTER B. GIVE PAC WITH FOR PAGES 1 DIVISION O | 16a. | WAS DECEASEI (ES, NO, OR UNKNO NO | DEVER IN U.S. A | RMED FORCES? VE WAR OR DATES) | 16b. SOC | CIAL SECURITY | NO. 1 | 7. INFORMA F loyd | | line,Sı | ADDR C. Will | | ort, | Md. | |
| 15, 301 W. PRESTON ST., B. KECUTED WITHIN 24 HOUR: 37. IN PENCIL IN 1TEM 18. (34. EXAMINER ADONG W. BURIAL-TRANSIT PERMIT. P AND MENTAL HYGIENE, DN. DN., OR REMOVAL. | 7 | Condition gave ris cause (a) lying cau | IMMEDI Is, if any, which to immedio stoting the under see last. | ATE CAUSE (a) S DUE TO, Of the (b) | evere R AS A CON | Intrac | F | | | | ill Fr | acture | RETM | PPROXIMATE I VEEN ONSET I I N U T E | AND DEATH |
| TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DE EXECUTE THE CERTIFICATE. WRITING THE WORD "PENDING"" IN PENGLI. IN ITEM 18. GIVE PAGE BY ASHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM. TO PUREAL DIRECTOR: PAGE 3 SHOULD BE VISED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AN AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. | MEDICAL CERTIFICATION | 19a. DATE OF NONE. 21a. EXTERNA UNDERLYING CONTRIBUTION 21d. INJURY C WHILE AT WORK 22a. I certifi death resulte ACTUAL SIGNATURE | OPERATION L CAUSE WAS L CAUSE WAS OF CAUSE OF | 19b. COND 21b. TIME C HOUR A.A F DEATH A. M. P. 21c. PLACE STREET, FAC | DE INJURY M. MONTH M. Sept OF INJURY CTORY, FARM, E CTUCTI DESCRIBED OBO Accident | WHICH OPERA 10:30 DAY YEAR 12:9 79 (ATHOME, TC.) on site ve, held an | 21c. HOV Fell 21f. LOCA STR Pa. Autopsy | S PERFORME VINJURY OF L from ATION Marion AVenue Homicide TITLE (SPEC | a rocack T: | enter nature of 25 : rucks | Feet h | Wash: and in my o | OUNTY tingto | 14/79 | |
| BA PAGE AFTER BATTER | b | URIAL, CREMA SPECIFY) Urial | TION, REMOVAL | 23b. DATE Sept. 15,1 | 979 | NAME OF CEM | ETERY OR | CREMATORY | (] | 23d. LOCATIO CITY OR TOWN Hagers | N | co | UNTY | STA | ATE |
| DHMH - 17 (VR A15 ME (5)) 15M 7/77 | | | | ch Funeral | , Home | E LEVE | | 25 a | | 8 1979 | TRAR 25b. R | | SIGNAT | URE | , |

Shake the same was a same and the same well send to that a most lies of Sileges e.g. of Alor of the The sand that the sand tracks and the sand and the sand t AND ADDRESS OF THE RESIDENCE OF THE RESI





|) | | | | STATE OF MARYLAND | | |
|---|---------------|---|---|---|--|---|
| | 1 | FOR STATE REGISTRAR | DEPART | MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | REG. NO. | 44 |
| | | CEASED NAME FIRST | MIDDLE | LAST | 20 DATE OF DEATH MONTH DAY | YEAR 25 HOUR |
| i Air | | | ions lee | LOGAN | 9 4 | 179 840 AM |
| 1 (TEAL !! | 3. SE | | 4. RACE | 5 DATE OF BIRTH | | ONDER I YEAR IF UNDER 24 HRS |
| | 170 | Male | White | Sept. 23,1921 | 57 YRS. | |
| 4 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1 | IRTHPLACE ISTATE OR FOREIGN | 7b. CITIZEN OF WHAT COUNTRY? | MARRIED MEVER MARRIED | 9 BALTIMORE CITY OR COUNTY O | FDEATH |
| \$ \$100 | | aryland | U.S.A. | WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION | Washington 120. USUAL OCCUPATION | MD |
| hours africe be filed | Н | agerstown | Washington Co | ounty Hospital | (TYPE OF WORK FOR MOST OF WORKING LIFE) | 126 KIND OF BUSINESS OR INDUSTRY W.M.R.R. |
| houn houn | USU 130. | STATE 113h COUN | OTHER INSTITUTION, GIVE RESIDENCE BEFOR | READMISSION) | 13e STREET ADDRESS | |
| filled rould b | Ma | ryland Wash | ingtonHagerst | own YEXX NO | 358 Daycotah A | Ave. |
| 2 stely | 14 F. | ATHER'S NAME | MIDDLE LAST | 15 MOTHER'S MAIDEN NA | ME | |
| comple 1 and | | Franner F. | Logan | Mary C | . Nigh | LAST |
| ond co Poges 1 | | WAS DECEASED EVER IN U.S. AR | MED FORCES? 166 SOCIAL SECU | JRITY NO. 17 INFORMANT | ADDRESS | |
| | 1 | no | 215-14- | 1740 Mrs. Dori | s J. Logan See | #13 above |
| rificote by physicio on popers emovol. | | 18 CAUSE OF DEATH (Enter on | lly one couse per line for (a), (b), an | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| phy phy proportion | | | TE CAUSE (a) CARD | 10 RESP ARREST | | |
| ding orbo | | 1629 | DUE TO, OR AS CONSEOU | ENCROE | | 774 |
| deoth other ion, | | Conditions, if any, which | | relivaeric CA | 2cmonna - | |
| the cremo | | gove rise to immediate couse to), stating the | DUE TO, OR AS A CONSEQU | ENICE OF 1 | , 1 | |
| hot the by the ose rei ofher | | underlying couse lost | Conges | | ilure | |
| gned n plec burio | - | PART 2. OTHER SIGNIFICANT C | | DEATH BUT NOT RELATED TO THE TERM | VINAL DISEASE OR CONDITION GIVEN | IN PART 1(0) |
| en si | ě | | | | | |
| low respectively spring any | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | 200 AUTOPSY? 20b. IF YES, V | VERE FINDINGS USED NG CAUSES OF DEATH? |
| N: The Lysicion. | Į Ë | | | | YES NO YES | □ NO □ |
| hysical Front Trong 118 s | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | | AY YEAR 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEM 18, PART | 1 OR PART 2) |
| SICIAI ph ng ph certific priol-tr tentol | S | (IF EITHER, NOTIFY MEDICAL EXAMINER) | un - | 19 | Strategic Strate | |
| HY A Signal of the Signal of t | MEDICAL | 21d. INJURY OCCURRED | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I | 21f. LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| DING P or offer the second of the order of t | 1 | AT WORK AT WORK | | G121 20 | alu 1 | 20 |
| NDIII or II or III | | 220.1 certify that (1) (this hospi | tal) attended the declased from | 7 (19) | , to | , that (I) (we) lost |
| ATTE spito CTO I for of b | | | t) view the body after/death. | ond that in (my) (our) opinion | death occurred on the date and hour o | nd from the couses stoted |
| OR A he hosp DIRECtoched to Dept. | | 22 SIGNATUS | -1. 60000 | DEGREE | | 22t. DATE SIGNED |
| PITAL by the by the ERAL I e deto Store I Store I ANT: If | | VIMIN | NOOSTER | ATTENDING PHYSICIAN | DIRECTOR PHYSICIAN | |
| HOSPITAL bined by the FUNERAL buld be detrible the Stote oortant: | | 27 PHYSICIAN'S NAME ITHE | 12000 | 22e ADDRESS | 11 00 120000 | 10 . 6 1- |
| O HOSPITAL etoined by to FUNERAL should be determined with the Stote IMPORTANT: | | 1/1 | 1005/61 | 1865 HOU | x11 RD 1+186125 | 10au M |
| S F I S X | 230. | BURIAL, CREMATION, REMOVAL | | NAME OF CEMETERY OR CREMATORY | 23d. LOCATION CITY OR TOWN CO | OUNTY STATE |
| BP | | Burial | 9/6/1979 R | est Haven Cem. | Hagerstown Ka | sh Md. |
| DHMH - 16 50M 1/76 | | UNERAL DIRECTOR | ADDRESS | 250 DAT | | S. SIGNATURE |
| (VR A 15 (4)) | Re | est Haven Fun | eral Chapel I | nc. Hag.Md.SEP6 | 1313 1714/1 | · way |





| | C. | - 178 I 25 5 m. | | 97,8111 |
|-------------------------|---------------|-----------------|-------------------|--------------|
| | | | | |
| | Hoteland | TRATE PARTY | Jan Jen III | puro ngagal. |
| 76 197 ₂ 920 | attle than GI | , | sure all wor this | A Work |
| sinwo" | | | Fire Supplie | |
| • • • | | 070 | | |
| Mar walk | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

FOR

REGISTRAR

- STATE

DAYS HOURS 9. BALTIMORE CITY OR COUNTY OF DEATH Washington Co. 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Summer Camp Maintenance Moser ADDRESS DOX Cascade, Md. due A CONSEQUENCE OF ASSI'VE Continuous Gastrointestinal Blanding 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) opinion death occurred an the date and hour and from the causes stated 27c DATE SHENED DIRECTOR PHYSICIAN Bethel Church Cemetery Lantz Frederick Md. 50 S. Broad St. 250. DATE REC'D. BY REGISTRAR 256. RECOTRAR'S SIGNATURE ADDRESS Waynesboro, Pa.

2b HOUR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

CERTIFICATE OF DEATH

DHMH - 16 50M 1/76 (VR A 15 (4))

S S - W - Vondaming accomming one . of not man and description of the second contract of the second contract of the second contract of Market Committee of the A CONTRACTOR OF THE STREET, AND SERVINGER AND A CONTRACTOR OF THE STREET, AND A SERVINGER AND

| 1 | FOR - STATE | | | RTMENT OF | | ID MENTAL | | | 2 3 | 4 4 5 | 5 |
|------------------------|---|--|---|-------------------------|-----------------------|--------------------|----------------|--|-------------------------|--------------------------------------|------------------|
| | REGISTRAR DECEASED NAME (TYPE OR PRINT) G | erald E | WIDDI | | LAST | Jr. | | O. DATE KN | STI- O O | 9-79 ₁₉ | 26. HOUR 0257 |
| STREET STREET | | Cauc. | THE OF BIRTH | R LAST BIRTHD | | 1 YR. IF UND | MIN | RONOUNCE DEAD | ,, | 19 | 24. HOUR 0257 |
| 2/5 | BIRTHPLACE (STATE FOREIGN COUNTRY) | burg, | USA | +2.5 | WIDOWED | | RRIED K | Wash | ington | Co., | MD. |
| 9 I | city or town o | wn W | NAME OF HOSPITAL, IF NOT IN SUCH FACILITY, GI ashing to | n Co.Ho | sp. | NSTITUTION | FOR ME | OST OF WORKING | ION (TYPE OF WORK LIFE) | CR INDUST | SINESS |
| 13 | Pa. | IN NURSING HOME OR OTHE BL COUNTY Frank | lin Me | rcerabu | urg 13d. | INSIDE CITY LIMITS | 205 | S.Pa | rk Ave | • | |
| 8 | FATHER'S NAME GERST | | MeC | ulloh SOCIAL SECURIT | | Kath] | | MIDDL | | ine | |
| 3 | YES, NO, OR UNKNOW | | R DATES) | 88-52-9 | 066 G | erald Merc | E.McC ersbu | ulloh irg, Ps | 20523 | Park A | ve. |
| CREMATION. OR REMOVAL. | PARTIDEA Canditians gave rise | DEATH (Enter Drily Die TH WAS CAUSED BY: IMMEDIATE CA , if any, which to immediate tating the <u>under</u> : c lost. | Maal | tiple co | OF | | CONT. | 2000 | est | APPROXIMATI BETWEEN ONSE MILIU | T AND DEATH |
| | | SIFICANT CONDITIONS CONTRI | BUTING TO DEATH BUT NOT | | | | PART 1 (a). | | | | |
| 2 | 190. DATE OF C | | 21b. TIME OF INJUR | | | 1 inw | | | 7.1645 | 20 AUTOPSY | NO X |
| | CONTRIBUTING | OR G CAUSE OF DEAT | HOUR A.M. MON | 29-79, YEAR | | auto ac | | | IN ITEM 18 PART 1 OR | PART 2) | |
| | 21d INJURY OC WHILE AT WORK | NOT WHILE X | 21e PLACE OF INJU STREET, FACTORY, FAR | | 21f LOCATI STREET I- | | howalt | er Ed, | | county Md. | STATE |
| | 22a. 1 certify death resulted | | af the remains described above, held an Autapsy , Inspection , Inquiry , and in my apinian causes , Accident , Suicide , Hamicide , Undetermined manner , TITLE (SPECIFY) M.D. Deputy MEDICAL EXAMINER DATE 9-29-79 | | | | | | | 9 | |
| 7 23 | EXAMINER'S N (TYPE OR PRINT | TI-TICWD | aker, M.D. | | ADD | KE22 | | | Hagersto | own, Md. | 21740 |
| | O.BURIAL, CREMATI (SPECIFY) Buri | AUT W | /3/79 | | rview | Tata DA | Merc | CATION PRIOWN CORSUMAN REGISTRARA | urg Fra | nklin P | ATE 8 |
| 1 | NAME J. | a Sinon | ADDRESMOR | cersbu | 72362. | | OCTU | 3 1979 | 1000 | SIGNATURE | 7 |

SENSON BOUNDED TO THE SENSON BOUNDED BY SENSON BOUNDED BY SENSON BOUNDED BY SENSON BOUNDED BY SENSON BY SE THE STATE OF print word A STATE OF THE STA ASU , STrdersoman Lastington Up. Americana state of the same st er Franklin derece a grand record nilamin .s. ()-(,-(,-) THE ANY THREE PARTY OF THE STREET (after august Franklin Pa. 1 . D. . Caradamorana

2 3 4 4 5

STATE OF MARYLAND FOR - STATE CERTIFICATE OF DEATH REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO DECEASED NAME 2n DATE OF DEATH MONTH DAY YEAR 2b. HOUR (TYPE OR PRINT) 050/R C. 1979 September 4 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX DATE OF BIRTH MONTH YEAR MONTHS DAYS HOUR5 1894 Female White April 6. BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Washington County DIVORCED T Md WIDOWED IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12g USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Western Maryland Hospital Center Hagerstown Homemaker USUAL RESIDENCE (IF MURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 136 COUNTY 136 CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Rockville Maryland Montgomery 7616 Dew Wood Drive 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Coffren Tippett Robert Margaret 60 WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO 17 INFORMANT aboves Same as (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mease11 (Daughter-in-law) Hilda No 18 CAUSE OF DEATH (Enter only one couse per line for PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which

immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

190 DATE OF OPERATION 200 AUTOPSY? 19h CONDITION FOR WHICH OPERATION WAS PERFORMED

HOUR A.M. MONTH

IN CERTIFYING CAUSES OF DEATH? NO YES [216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INTURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

220.1 certify that (1) (this haspital) attended the deceased from

STREET

CITY OF TOWN COUNTY

71f LOCATION

and that in (my) (see) opinion death occurred on the date and hour and from the causes stated

sow the deceased alive on_ above, (1) (week (did) (what not) view the body after death, DEGREE 77h SIGNATURE ATTENDING MEDICAL

DAY YEAR

PHYSICIAN 77e ADDRESS

DIRECTOR PHYSICIAN

STAFF

22c, DATE SIGNED

230. BURIAL, CREMATION, REMOVAL 23b. DATE

210. ACCIDENT WAS UNDERLYING

AT WORK

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

COUNTY

STATE

NO [

STATE

Burial 24 FUNERAL DIRECTOR

(SPECIFY)

CERTIFICATION

MEDICAL

AT WORK

sho

8

0

MPORTANT

Trinity Cemetery Upper Marlboro PG Himes/Rinaldi F.H.11800 H.H.Ave.S.S.Md

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

20b. IF YES, WERE FINDINGS USED

DHMH - 16 50M 7/77 (VR A 15 (4))

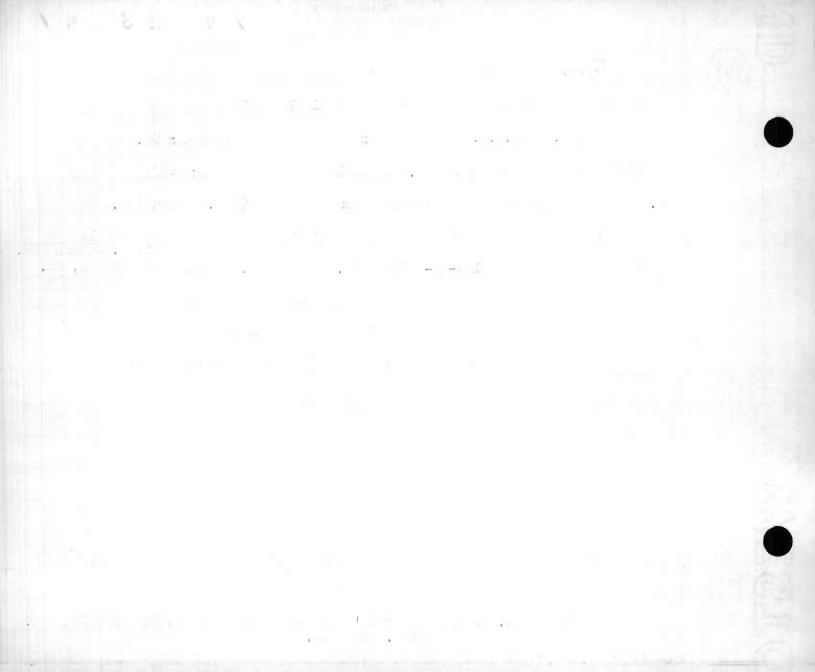
CALL E. S. E. Company of the first Ross Million Mississe College Berling in 184 AND A STATE OF THE William St. N. A NE WORK OUR SERVE

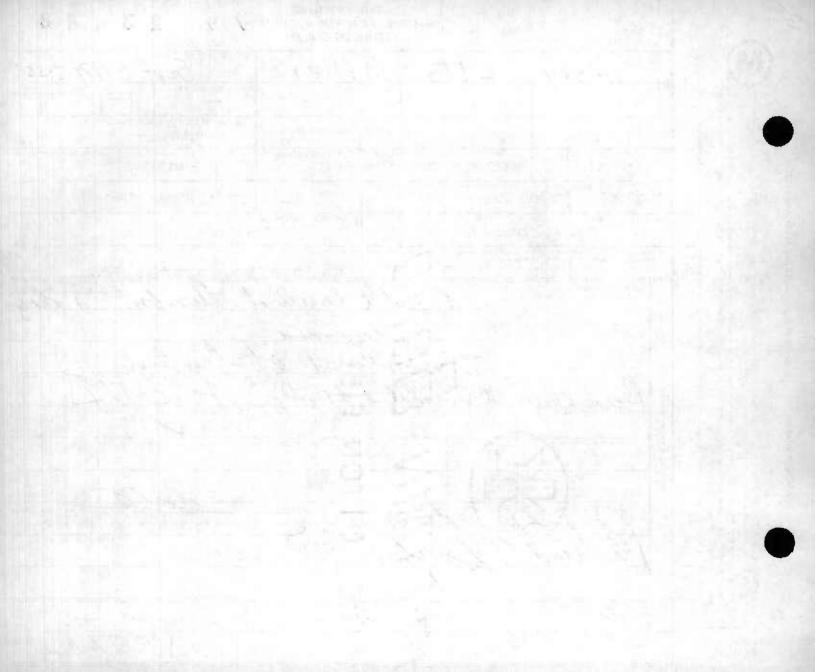
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE





| | 1. | FOR STATE REGISTRAR | | | DEPARTA | MENT OF H | E OF MARYLAND SEALTH AND MENTAL HYG SICATE OF DEATH | IENE 7 9 | 2 | 3 4 | 4 9 |
|-----------------|---------------|--|--------------------------|------------------------------|---|------------|---|---|-----------------------|------------------------|----------------------------------|
| 1 | | CEASED NAME | FIRST 3 EL | N | A E | | OORE | SEPTEMB | | DAY YEAR 8 1979 | 26. HOUR 4: 30 A |
| | 3 SE | × | | RACE | | 5. DATE O | OF BIRTH | AGE (IN YEARS LAST BIRT | | IF UNDER 1 YEAR | IF UNDER 24 HRS HOURS MIN. |
| | | female | ME NO. 1 | white | WHAT COUNTRY? | Nov | ember 6,1899 | 79 • BALTIMORE CITY O | YRS | | |
| of once | C | ennsylvar | | USZ | | MARRIE | D NEVER MARRIED DONORCED | Washing | | OFDEATH | MI |
| Doublined A | H | agerstown of DEA | , | Washi | ington C | ount | y Hospital | 12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O | ION IF WORKING LIE | 12h KIND C INDUSTRY | F BUSINESS OR |
| must be | Ma | al residence (# nurs state ryland | | ington | GIVE RESIDENCE BEFORE 113c. CITY OR TOW Hagerst | | 131. INSIDE CITY LIMITS? YES NO [] | 313 South | Potom | ac Stre | et |
| 211 | | ATHER'S NAME FIRST Thoma | as Co | | LAST | | | oodring | | LAS | ıī |
| me medicol | N | VAS DECEASED EVER YES, NO OR UNKNOWN] O | (IF YES, GIVE | AED FORCES? WAR OR DATES] | 166 SOCIAL SECU | RITY NO. | Jack E. Moor | e, Hagersto | | | MATE INTERVAL ONSET AND DEATH |
| | CERTIFICATION | Conditions, if any, gave rise to immediate (a), stating underlying cause | nediate g the last | ((c) | R AS A CONSEQUE | NCE OF | NOT RELATED TO THE TERM | FIBALLA | | | |
| 2 | | 19a DATE OF OPERA | NON | 1% COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? YES NO O | IN CERTIF | S, WERE FINDING CAUSES | |
| 9 | | 21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC | AUSE OF DE AT | P. | M. MONTH DA | Y YEAR | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJUI | RY IN ITEM 18, P | ART I OR PART 2] | |
| | MEDICAL | 21d. IN JURY OCCUR! WHILE NOT WE AT WORK | HILE C | 21e PLACE (AT HOME, ST | OF INJURY REET, FACTORY, OFFICE, F | ARM, ETC.) | 21f LOCATION STREET | CITY OR TOV | VN | COUNTY | STATE |
| om et a z man m | | 22a I certify that (I) sow the decease above, (I) (we),(c | ed alive an | 4 /- | 10 | - | nd that in (my) (aur) apinion of DEGREE | death accurred on the di | | , | |
| MPORTANT | | 224 PHYSICIAN'S N | AME (TYPE OR | PRINT) | | | PHYSICIAN E 1220 ADDRESS 100 LONG MA | DIRECTOR PHYSIC | IAN [] | DURNST | un M |
| IMPORTA | b | BURIAL, CREMATION, SPECIFY) UTIAL | | Sept. | 21,1979 R | | emetery or crematory aven Cemetery | 23d LOCATION CITY OR TOWN | wn .Was | county Ma | state ryland |
| OM 7/78 | | DE. Wilson | | ch Fune | ral Home | | 250 DATI | E BEDBANE GISTON | go. REGIST | RAR'S SIGNAT | Creasly |



| | ١. | STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 2 3 4 | | | | | | | | | | 5 (|
|-----|--|---|---|---|-------------------------------------|---------------------|-------------------------|---|---------------------|--|---------------------|-------------|
| | Ľ | STATE REGISTRAR CEASED NAME | Ellis | Charl | les Morr | iserth | ICATE OF DE | ATH | | G, NO. | DAY YEAR | 12b. HO |
| | | OR PRINT) | llis | CHI | ARLES | | Morris | JR | | ber 20. | | 20. 110 |
| | 3. SE | X | | 4 RACE | - | 5 DATE (| OF BIRTH | VEAD | 6. AGE (IN YEARS LA | | IF UNDER I YEA | |
| | | Male 70 BIRTHPLACE STATE OF FOREIGN COUNTRY) | | White 76. CITIZEN OF WHAT COUNTRY? | | December 13, 1922 | | | | | | HOURS |
| 0 - | 7a B | | | | | | | | | | | 018 |
| 13 | | Virginia | | U.S. | | WIDOW | | DRCED 🕱 | | gton Co | | |
| 79 | Hagerstown | | | 11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A Washington Coun | | ADDRESS) | | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Painter 120 KIND OF BUS INDUSTRY | | | | |
| 35 | 13a | AL RESIDENCE (IF NUI STATE LTYLAND | 136 COUN | OTHER INSTITUTION | 13c. CITY OR TOV Hagerst | RE ADMISSION) VN | 134 INSIDE CIT | Y LIMITS? | 13e STREET ADDR | | tam Stre | o+ |
| | | THER'S NAME | *************************************** | | 1 Hager 50 | OWII | 15 MOTHER'S | MAIDEN NA | ME | | DOLL DOLE | 300 |
| 211 | | Ellis | C. | VIDDIE | Morris | Sr. | Flő | ra | MID | OLE | Sm | iith |
| 1 | 16a \ | VAS DECEASED EVER YES, NO OR UNKNOWN) Yes | (IF YES, GIVE | MED FORCES? WAR OR DATES) | 214-14-6 | | 17 INFORMAN | | ris III | 3 West Hagers | Antiets town, Mo | m St |
| | | 18 CAUSE OF DEA PART I. DEATH V | TH (Enter onl | y one couse pe | r line for (a), (b), or | nd (CS) | | T | hfaset ro | | APPRO BETWEET | XIMATE INTO |
| | NOI | Conditions, if ony, which gove rise to immediate couse roll, stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) | | | | | | | | | | |
| 9 | CERTIFICATION | 19a. DATE OF OPERATION | | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED | | | | | | 200 AUTOPSY? 20b, IF YES, WERE FINDINGS USIN CERTIFYING CAUSES OF DE | | |
| 9 | | 210. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER, NOTIFY MEDI | CAUSE OF DEA | HOUR A | OF INJURY .m. Month D .m. | AY YEAR | 21c. HOW INJU | JRY OCCURF | RED (ENTER NATURE C | _ | | |
| | MEDICAL | 21d INJURY OCCUP | VHILE | | OF INJURY REET, FACTORY, OFFICE, | FARM, ETC.) | 21f. LOCATION STREET | | Сіту | OR TOWN | COUNTY | S |
| | | 22a I certify that (1) (this hospital) attended the deceased from | | | | | | | | | | |
| | | DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN | | | | | | | | | E SIGNED | |
| 1 | 22d. PHYSICIAN'S NAME (TYPE OR PRINT) William W. Lesh 22e ADDRESS 411 Division Ave., Hagers | | | | | | | | gerstov | vn, Md. | | |
| | 23a | BURIAL, CREMATION | | | 23c | NAME OF C | EMETERY OR CR | | 23d. LOCATION | | COUNTY | SI |
| | | Cremation | | 9-24- | 79 Ro | sedal | Cremat | ory | Martins | burg. I | Rerklew | W.V |
| | | UNERAL DIRECTOR | | | ADDRESS | | 100000 | 25s DS | EP 2 6 197 | BH SH ARE | Sugar Spilot | OLD COL |
| | A. | K. Coffma | n Fune | ral Hon | ne. Inc. H | agers | town. Md | | | | | |

William County Supplied Tolling County County AND CONTRACT NO DE LA CONTRACTOR DE LA C Court 15, 1972 25 250 Little 15, 1972 250 Little 15 principal and a state of the st

January Containing January 2 2 2 microscoped accompliance Contain and a since se sull'appearance de la company de la compa

Maritan V. Team of the William of the control of th

Boonsboro, Md. 21713

FOR

REGISTRAR

24 FUNERAL DIRECTOR

John H. Bast, Jr.

DHMH - 16 50M 1/76 (VR A 15 (4))

L DECEASED NAME

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

7h HOUR

17b. KIND OF BUSINESS OR

Martz

3 1105-

STATE

COUNTY

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

22c. DATE SIGNED

IND Farming

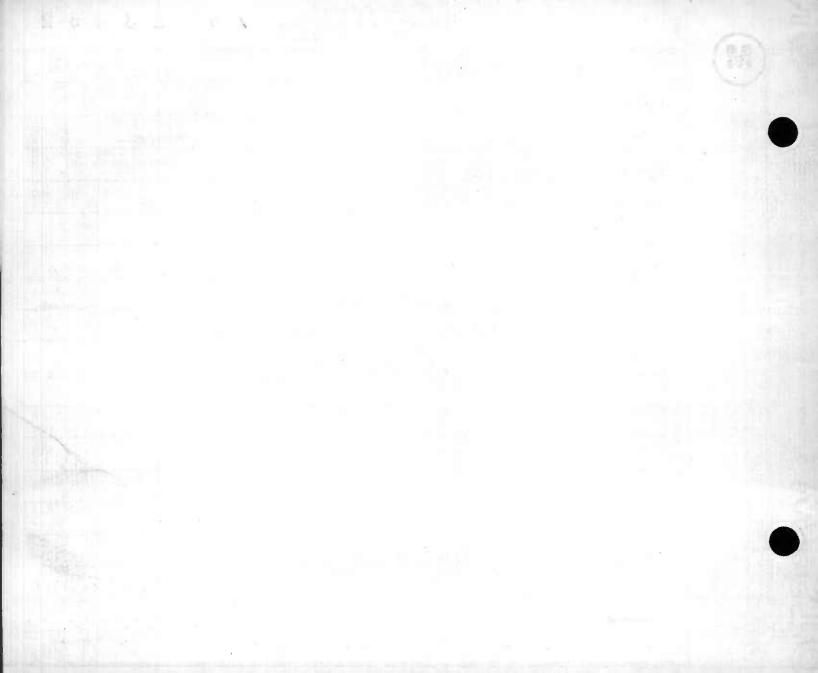
2:00P

IF UNDER 24 HRS

Verminter on our control

| \$40:3 | | | 2 | sice and | |
|--|----------------|-------------|---------|------------|-------|
| | | | | | |
| | | | .80.5 | neud | Boons |
| plants relatives - const | | | | | |
| المرابع المنافع في المنافع الم | | onoc, and | roJania | nal a brus | 575 |
| | |) | .8 | 35200 | |
| 117 L 206 1 . 11 | anigel .cin 17 | 10 -01 -09 | | | .on |
| Address of the latest to | | est -ciay | 4 | | |
| Miller Street | Town of t | Server Bill | | | |
| Firm Et Soniaire | VERN ST | | | | |
| | A THINA | Sec. ores | | MILLER | |
| | | | | | |
| | | | | | |
| | 17 | W.C. | No. | | |
| to a raid life and a second | | | | | |
| Part LATH MY + LEWIS | TEM IN EAST | CH CHE |).#E | W kaareh | 3 |
| Lity, od .man_gamanaci. | THE DWG | Frank En | -RE | | E |
| | | . A LOW CH | 10 6. | a . May . | |

| _ | 1. | FOR STATE REGISTRAR | DEPARTA | STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | GIENE 7 9 2 | 2 3 4 5 2 |
|---|---------------|--|--|---|---|---|
| 1) | | CEASED NAME FIRST OR PRINT) ROLPH | Norment | Myers | 24 DATE OF DEATH MONTH | 122/79 632 A |
| | 3. SE | Male | 1 RACE CUNCASION | S DATE OF BIRTH MONTH DAY YEAR 13 26 | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. RS. |
| 35 gence | | RTHPLACE (STATE OR FOREIGN OUNTRY) | 76 CITIZEN OF WHAT COUNTRY? | MARRIED A NEVER MARRIED WIDOWED DIVORCED | 9 BALTIMORE CITY OR COU | NTY OF DEATH Stor MI |
| positied 79 | 1 | HUGE STOWN OF DEATH | Washington Wan | hy Hoppital | 178 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN FOREMAN | IZE KIND OF BUSINESS OR INDUSTRY Mfg. |
| of Famous Pe | USU 130. S | ALRESIDENCE (# NURSING HOME OR STATE 13h COUN May land Was | OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 130 CITY OR TOWN 1125-10- H440-5-10 | N 134 INSIDE CITY LIMITS? | 13a. STREET ADDRESS | <i>H</i> . |
| exomine 2// | 14. F/ | THER SNAME FIRST Unknot | MIDDLE LAST | 15. MOTHER'S MAIDEN N. Alice | AME MIDDLE | Myers |
| medicol | - (| VAS DECEASED EVER IN U.S. AR VES, NO OR UNKNOWN) (IF YES, GIVE OKOULUM | MED FORCES? 166 SOCIAL SECU 220-18-1 | | mens Rhy He | 19. HO. 21740 |
| any injury, or other froumotic event, 1 | NO! | Conditions, if any, which gave rise to immediate cause (o), stoting the underlying cause lost. | All one cause per line for (a), (b), and D BY: (E CAUSE (a), CARD TO CONSEQUE (b), CONSEQUE (c), CONTRIBUTING TO CONTRIBUTI | NCE OF MURGED OVER GOVERNOON OUR GOT ON THE COMMENT | T CHA BROWN | GIVEN IN PART 1(0) |
| 9 9 | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | 200 AUTOPSY? 20b. IF IN CE | YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO |
| Hem 18 shows | | 2) B. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) | TH HOUR A.M. MONTH DA | 21c HOW INJURY OCCUI | RRED (ENTER NATURE OF INJURY IN ITEM | 18, PART 1 OR PART 2) |
| marked ar | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA | ARM, ETC.) 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| m 2 i is mo | | sow the receased olive on Tabove (11 Ne) (did) (did no | tal) attended the deceased from | | n death occurred on the date and | |
| TZ | | 226 PHYSICIANS NAME LIVE OF | to Wass | DEGREE ATTENDING PHYSICIAN 1220 ADDRESS | MEDICAL STAFF DIRECTOR PHYSICIAN | 22c. DATE SIGNED |
| IMPORTANT | | WOOSTH | 512 | 18-25 He | well RO H | 4066050 MO- |
| _ | 3 | Burial CREMATION, REMOVAL BURIAL | | lame of cemetery or crematory lest Haven Cemeter | | county state wash., Maryland |
| 20M 7/7B | | S M. Wilson Big | a.Fingerstown, M | aryland 21740 | EP2 6 1979 | SISTEAR'S SIGNATURE |



deritan entrette line to a le l'estrette CONTRACTOR OF THE STATE OF THE HOPE St in the control of the second of the second of the left of the l

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN 7h HOUR OF ESTI-DEATH MATED Westley O'Donnell Amos Sapt 171979 FUNERAL DIRECT 5 FOR YOUR F 7, WITHIN 72 HO W, PRESTON STEE SEX 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED White Male DEAD 19 74 72 YRS a BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsylvania U.SA. WIDOWED DIVORCED D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12h. KIND OF BUSINESS EOR MOST OF WORKING LIFE Orchard Washington County Hospital Hagerstowh USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Pennsylvania Cumberland Newburg NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE O'Donnell Elizabeth Parks Lewis Mary 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h, SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** 199-07-9722 Charles O'Donnell, Willow Hill, Pa. No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY 812 - Motor Vehicle Traffic Involving Collision With Canditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN 20 AUTOPSY? 9 Sept 16, 1979 Hematour YES A NO 216. TIME OF INJURY MEDICAL CONTRIBUTING CAUSE OF DEATH 211 LOCATION WHILE AT WORK DIRECTOR: 22a. I certify that I took charge of the remains described above, held an Inspection 1 and in my apinian Accident 2 death resulted fram: Natural causes Hamicide Undetermined manner PAGE 4 TO FUNI AFTER DE 23a. BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY STATE 9-20-79 Upper Path Valley Cemetery Dry Run. Burial BP. Franklin. Po 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) A.K. Coffman Funeral Home, Inc. Hagerstown, 15M 7/77

WATER STATE OF THE SECRETARIAN AND THE SECRETA The trade of the series of the The later was all as a later The state of the s sweet administration with the street STEEL DAY-CHIEF B C'DONNOLL, LEIGH LEE, LON. During 9-20-79 Na Ar John to Canatring try light, Januarin, 18. me. . Journal and a men, he was en, in.

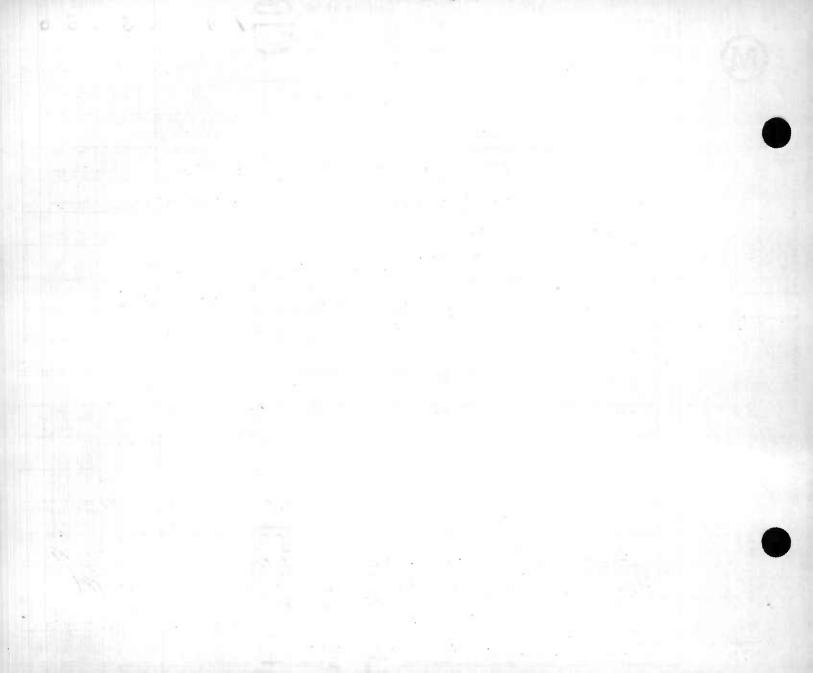
| 15 8 | FOR | DI | | MARYLAND H AND MENTAL HYGIE) | NE O O O | 1 1 2 2 |
|--|---|---|--|--|---|---|
| | - STATE REGISTRAR | MED | CAL EXAMINER'S | CERTIFICATE OF DE | ATH REG. NO. | 4 5 5 |
| W 3.8.8.8.F. | 1. DECEASED NAME FIRST WALL | | MIDDLE | PINDORFF | DATE KNOWN MON OF ESTI- | 17H DAY YEAR 76 HOUR 19 19 19 19 19 19 19 19 19 19 19 19 19 |
| RY, PLEA DIRECTO OUR FILL 72 HOU | 3 SEX 4 RACE White | 5. DATE OF BIRTH MONTH DAY 1727 3 | YEAR LAST BIRTHDAY) MONT | NDER 1 YR. IF UNDER 24 HRS. HS DAYS HOURS MIN. | PRONOUNCED DEAD SOLLY | TH DAY YEAR 20 MOUR - 2 1929 1000 |
| S NECESSARY PIEASE FUNERAL DIRECTOR. 5 5 FOR YOUR FILES W. WIRKSTON STREET, | 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) West Virginia | 75. CITIZEN OF WHA | T COUNTRY2 | IED NEVER MARRIED INVESTIGATION OF THE PROPERTY OF THE PROPERT | 9. BALTIMORE CITY OR COL | JNTY OF DEATH -TO M MD. |
| AY II | .10. CITY OR TOWN OF DEATH | (IF NOT IN SUCH FACIL | TAL, NURSING HOME, OR OTH ITY, GIVE STREET ADDRESS) est. nr. Clear | FOR | UAL OCCUPATION (TYPE OF WO MOST OF WORKING LIFE) | |
| ANY E ANY E CORE | | WE OR OTHER INSTITUTION, GIVE | RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Martinsburg | 13d. INSIDE CITY LIMITS? 13e STR | REET ADDRESS Faulkner Aven | |
| S 1, | 14. FATHER'S NAME FIRST James | MIDDLE S. | Orndorff | 15. MOTHER'S MAIDEN NAMI | | LAST Kirby |
| , BALTIMORE, DURS AFTER DE WITH FORM WITH FORM T. PAGES 1 APPRISION OF DIVISION OF | 1 1 100,0 | IVE WAR OR DATES) | 232-78-1486 | 17. INFORMANT | ADDRESS | |
| 11 W. PRESTON ST., TED WITHIN 24 HOL PENCIL IN ITEM 18 AL'RANSIT PERMIT, MENTAL HYGIENE, I. | 18 CAUSE OF DEATH (Enter PART I DEATH WAS CAU IMMED Canditions, if any, wh gave rise to immedia cause (a) stating the und lying cause last. | SED BY: DIATE CAUSE (a) E Po DUE TO, OR AS ONE (b) In | 12 - Moto 1- V SA CONSEQUENCE OF | lision With | fic Acciden | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Turme did te |
| | | chest In | NOT RELATED TO THE TERMINAL DISEAS | red Neck) | | |
| OF VITAL RECORD ATE SHOULD BE E: E WORD "PENDING THE CHIEF MEDING THE CHI | 190. DATE OF OPERATION 210 EXTERNAL CAUSE WAS | | DN FOR WHICH OPERATION W | | | 20. AUTOPSY? YES NO 🔀 |
| ON THEIC TO THE | UNDERLYING CAUSE CONTRIBUTING CAUSE C | P.M. | Sant 2 19 79 F | WINJURY OCCURRED LENTER LEADON COLLIST CATION | - /1 | 6 + Volick |
| PAG STATE | AT WORK AT WORK | STREET, FACTOR High | way Rt | #40 West- | Nz. Clear-Spz | ing Wash, Md |
| MINE PE FC CTO BE FC NU THE | 22a. I certify that I taak chi death resulted from: No | | bed abave, held an Autap | | Inquiry L, and in my termined manner , | y opinian |
| DICAL EXA E THE CER. SHOULD SEATH, WIT | ACTUAL SIGNATURE Chia. | d W. Dik | 10 TK M | D-1/ | DICAL EXAMINER SIG | TE Sept 3, 1979 |
| TO MEDICAL E EXECUTE THE O PAGE 4 SHOU TO FUNETH O AFTER DEATH, BALTIMORE, MA | EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL CREMATION, REMOVA | 123b. DATE | 231 NAME OF CEMETERY O | ADDRESS 21) W. W. | SU.St. Hoge OCATION ORTOWN | n-storm, Hd |
| BP | Burial 24. FUNERAL DIRECTOR NAME | Sept. 5, 19 | | etery Spr | ing Milla YREGISTRAR 1756, REGISTRAR | keley W.VA. |
| (VR A15 ME (5)) 15M 7/77 | Brown Funeral Ho | 14 11/10000 | Tinsburg, WY | SEP | 7 19/8 | - Surround |

| | NEW STROOM | | | 10/ |
|--------------------------------------|-------------|-------------------|------------|-------------|
| | | 05 | | |
| | X | | a.g.U si | nigniV teo. |
| Unholste | ring | est, nr. Clear So | Oi .tH | |
| llmer venue | . 653 : su | Tudanitas | a Berkeley | inigriv te |
| and fine the same state time to each | eyorfi) | Orndordi | .2 | James |
| | | 232-78-1486 | 1970-1971 | tesi |
| A. Level | | ald a non-are | | |
| | | West was down | | |
| | | | | |
| | | | | |
| | | | | |
| And the second | mai Miran V | N 114 E 40.7 | | |
| | | 11 | | |

Lained

Sept. 5, 1979 terian severe pring illo ma cley .vs.

| | 1 | FOR STATE REGISTRAR | | | DEPART | | EALTH AND MENTAL HYG ICATE OF DEATH | REG. P | NO. | 3 4 | 5 0 |
|--|-----------------------|---|--|--|--|--|---|---|---|---|--|
| | 1. DE | CEASED NAME OR PRINT) | arl | _ | MIDDLE | PAD | EN | 2. DATE OF DEATH Septembe | | 1979 | 20. HOUR 4:55 P |
| | 3 SE | Male | | RACE Whit | te | Aug. | | 6 AGE (IN YEARS LAST BE | RTHDAY) | IF UNDER I YEAR | |
| of once. | N | rthplace istate or f aryland | | U.S | | WIDOWE | | | ington | | MI |
| notified 19 | E | agerstown | | Washin | gton Cou | nty Ho | or other institution ospital | OSUAL OCCUPA (TYPE OF WORK FOR MOST Machinis | OF WORKING I | LIFE) INDUSTRY | of BUSINESS OR Lture mf |
| 3 | Ma Ma | AL RESIDENCE IN NUR STATE LYLand | Wash | other institution ty ington | 134 CITY OR TOV Hagerst | re admission) VN OWN | | 134 STREET ADDRESS 202 East | Balti | imore St | reet |
| 211 | | Harvey | | | aden (AST | | IS. MOTHER'S MAIDEN NAM | MIDDLE | | Trov | inger |
| 1 | 160 | WAS DECEASED EVER YES, NO OR UNKNOWN) NO | (IN U.S. ARA | MED FORCES? WAR OR DATES) | 214-09-5 | 856 | Mrs. Helen L | . Paden, H | | | eryland |
| or other traumatic ex | | Conditions, if any gove rise to im couse (a), statu underlying couse | , which mediate ng the | (b) | DR AS A CONSEQU DR AS A CONSEQU | rtere | villeratie | Rent de | place | ~ | |
| ony injury. | FICATION | gove rise to im- couse (0), statu underlying couse | which mediate and the last. | DUE TO, O (b) DUE TO, O (c) ONDITIONS C | OR AS A CONSEOU | DEATH BUT | NOT RELATED TO THE TERM | Rent de INAL DISEASE OR COR | NDITION GI | ES, WERE FINDI | NGS USED S OF DEATH? |
| 99 | A CERTIFICATION | gove rise to im couse (o), stotiu underlying couse PART 2 OTHER SIG | , which mediate ng the e lost. NIFICANT CO | DUE TO, O (b) DUE TO, O (c) ONDITIONS CO 196. COND 216. TIME C HOUR A. | OR AS A CONSEQUENCE ON TRIBUTING TO ONTRIBUTING TON | DEATH BUT | | Rent A | VOITION GI | ES, WERE FIND II IFYING CAUSES YES | NGS USED |
| 99 | MEDICAL CERTIFICATION | gove rise to im couse (o), stotiu underlying couse PART 2 OTHER SIG 19a DATE OF OPERA 21a, ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDK 21d, INJURY OCCUR | , which mediate mediate mediate mediate mediate mediate. NIFICANT COUNTRY CO | DUE TO, O (b) DUE TO, O (c) ONDITIONS CO 19b. COND 21b. TIME C HOUR A. P. 21e. PLACE | OR AS A CONSEQUENCE ON TRIBUTING TO | DEATH BUT HOPERATIO | N WAS PERFORMED | Rent A | 206. IF YI IN CERT Y URY IN ITEM 18. | ES, WERE FIND II IFYING CAUSES YES | NGS USED S OF DEATH? |
| 21 is marked or frem 18 shows any injury, or other | | gove rise to im couse (a), stotic underlying couse PART 2 OTHER SIG. 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIEY MEDK 21d. INJURY OCCUR WHILE NOT W AT WORK AT W. 22a.1 certify that (1) sow the decess above. (1) (we) (1) | , which mediate ng the e lost. NIFICANT CO TION DERLYING CAUSE OF DEAT AL EXAMINER) RED ORK (this hospit | DUE TO, O (b) DUE TO, O (c) ONDITIONS CO 19b. COND 21b. TIME C HOUR A. P. 21b. PLACE (AT HOME, STI | OR AS A CONSEQUENTIAL OF INJURY OF INJURY OF INJURY REET, FACTORY, OFFICE, The deceosed from the consequence of the consequ | DEATH BUT H OPERATIO PAY YEAR 19 FARM, ETC) | 211 LOCATION STREET 19 70 ad that in (my) (our) opinion of | IN AL DISEASE OR CON 200 AUTOPSY? YES NO CITY OR TO | 206. IF YI IN CERT Y URY IN ITEM 18. | ES, WERE FIND II IFYING CAUSES YES , PART 1 OR PART 2] COUNTY L. 19 Dur and from the | NGS USED SOF DEATH? NO STATE that (I) (we) last couses stated |
| in nem 2115 morked of nem to shows only injury, or owner | | gove rise to im couse (0), stotiu underlying couse PART 2 OTHER SIG 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d. IN JURY OCCUR MAT WORK NOTIFY that (1) 22a I certify that (1) | , which mediate mediate mediate mediate mediate mediate. NIFICANT CONTINUE CAUSE OF DEAT CALEXAMINER) RED HILE CAUSE OF DEAT CALEXAMINER) (this hospital mediate of mediate cause cau | DUE TO, O (b) DUE TO, O (c) ONDITIONS CO 19b. COND 21b. TIME C HOUR A. P. 21b. PLACE (AT HOME, STI | OR AS A CONSEQUENTIAL OF INJURY OF INJURY OF INJURY REET, FACTORY, OFFICE, The deceosed from the consequence of the consequ | DEATH BUT H OPERATIO PAY YEAR 19 FARM, ETC) | 211 LOCATION STREET 19 10 that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN | IN AL DISEASE OR CON 200 AUTOPSY? YES NO CITY OR TO | 20b. IF YI IN CERT Y URY IN ITEM 18. | ES, WERE FINDII IFY ING CAUSES YES | NGS USED SOF DEATH? NO STATE that (I) (we) last couses stated |
| 21 is marked or nem to shows only injury, or owner | MEDICAL | GOVE rise to im couse (0), stotiu underlying couse PART 2 OTHER SIG 190 DATE OF OPERA 21d. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDIX 21d. INJURY OCCUR WHILE AT W. 22d. 1 certify that (1) sow the deceos above. (1) (we): 22b. SIGNATURE HULLING AUTHOR 22b. SIGNATURE | Which mediate ng the last the | DUE TO, O (b) DUE TO, O (c) ONDITIONS CO 19b. COND 21b. TIME C HOUR A. P. 21b. PLACE (AT HOME, STI | OR AS A CONSEQUE ONTRIBUTING TO OPTINITY M. MONTH D OF INJURY (REET, FACTORY, OFFICE, FACTORY, OFFICE, FACTORY, OFFICE, OTHER DESCRIPTION OF THE CONTRIBUTION OF | DEATH BUT H OPERATIO AY YEAR 19 FARM, ETC) MO 10 | 21c HOW INJURY OCCURR 211 LOCATION STREET 19 10 that in (my) (our) apinion of DEGREE ATTENDING | IN AL DISEASE OR CON 200 AUTOPSY? YES NO CITY OR TO MEDICAL STA | 20b. IF YI IN CERT Y URY IN ITEM 18. | ES, WERE FIND II IFYING CAUSES YES , PART 1 OR PART 2] COUNTY L. 19 Dur and from the | NGS USED SOF DEATH? NO STATE that (I) (we) last couses stated |



FOR

- STATE

DHMH-16 20M (VRA 15, 4) 7/7B

MONTH 2b. HOUR 21 IF UNDER I YEAR IF UNDER 24 HRS 6 AGE (IN YEARS LAST BIRTHDAY) HOURS YRS BALTIMORE CITY OR COUNTY OF DEATH Washington County, 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Retail Groc. 6625 Willis Lane Baker 6625 Willis Lane APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death accurred on the late and hour and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL STAFF Pt. of Rocks Frederick Md. Baston Puneral itomesser 2 6 19 19 neenev 106 East Church St. Frederick Mc

STATE OF MARYLAND

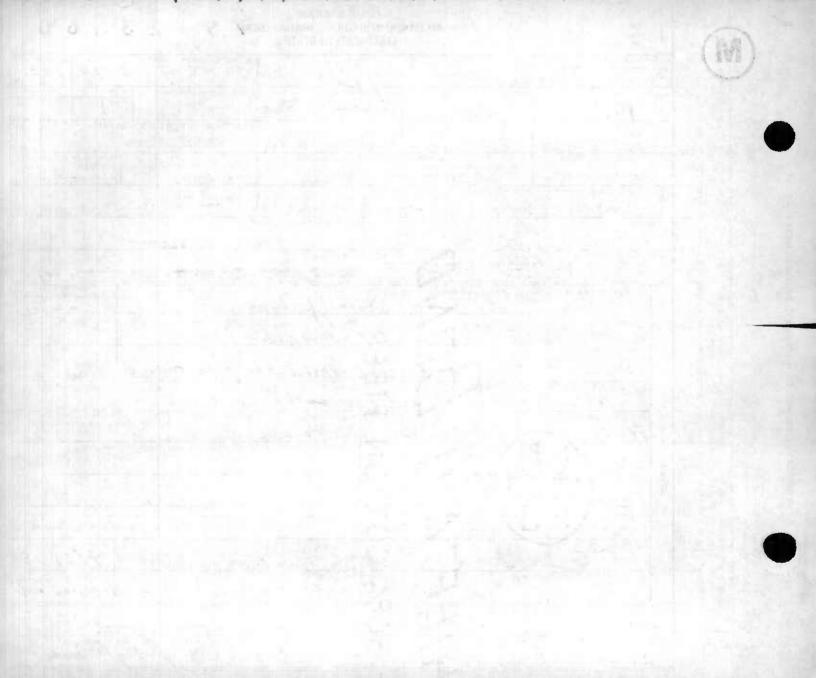
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Control described for the father planet respected meson pro-

1 2 5 5 /

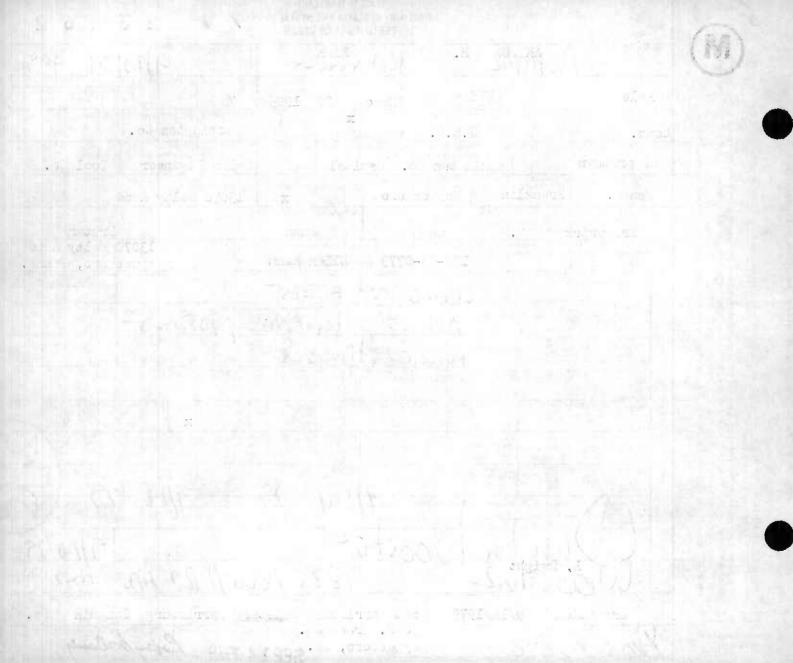
| The sale of the sa | |
|--|------------------------------|
| | - |
| | |
| and the state of t | alick of the ground might be |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| AND THE REAL PROPERTY IN LIE STATE OF THE STATE OF | |
| MEN (2014년 1일 | Chetter Illian |

TANK THE PARTY IN THE REST TO SERVE THE PARTY OF THE PART N. F. S. 750 L. L. S. +T-12 TEAT OUT OUT OF THE PARTY OF FRY LASSITES TELETO STOTE HEREAN TELEVISION Sec 15 and a section of the contract of the co



| - 1 | | FOR | | D | FPARTM | STATI ENT OF H | E OF MA | | | HYGIEN | Fas | | 0 7 | | | |
|-----|---------------|----------------------------|---|--------------------------|-----------------|-------------------|--------------|-------------|--------------|--------------|---------------------|-------------|--------------------|------------|---------------------|------------|
| | | REGISTRAR | | | | XAMINE | | | | | | REG. | NO. | a. | 0 | |
| 1 | | EASED NAME | FIRST | | WIDDLE | | LA | ST | | | 2a. DATE K | | MONT | H DAY | YEAR | 76 HOUR |
| ١ | , | · On Philippi | John | (N | MN) | | RA | ILIN | G | | | MATED | XSEP" | T.26 | 1979 | AM |
| I | 3. SEX | 9 60 1 | 4 RACE | 5. DATE OF BIRTH | YEAR 6. | AGE (IN YEAR | | ER 1 YR. | IF UNDE | | 7c. DATE | CED | HINOM | DAY | YEAR | 2d HOUR |
| | MA | LE | White | | 1929 | 50 YRS | MONTHS | DATS | HOURS | MIN | DEAD | CED | SEPT. | 26 | 1979 | 1:15 PM |
| I | | RTHPLACE (ST | TATE OR | 7b. CITIZEN OF WHA | AT COUNTR | 8Y? 8 | MARRIED | D NE | VER MAR | RIED X | 9. BALTIMO | ORE CIT | Y OR COU | NTY OF D | EATH | |
| l | | nnsylv | | U.S.A | | | WIDOWE | | DIVOR | CED 🗆 | | | WASHI | | | MD. |
| ŀ | 10. CI | Y OR TOWN | OF DEATH | 11. NAME OF HOSP | LITY, GIVE STRE | ET ADDRESS) | | | TION | FOR N | AL OCCUP | ING LIFE] | TYPE OF WORK | N 12b. KIN | ID OF BUS | SINESS |
| ŀ | F | lagerst | own | 128 Sout | | | | t | 3.0 | Pip | e Make | er | | Org | an M | fg. |
| | 13a. S1 | | 13b. COUN | TY | 13c. CITY O | RTOWN | | d. INSIDE C | ITY LIMITS? | 13e. STRE | ET ADDRES | SS _ | | | | |
| | | ryland | | nington | Hage | rstown | | YES X | NO [| | Sout | th P | rospe | ct St | reet | |
| ŀ | 14. FA | THER'S NAME | | MIDDLE | LAS | 51 | 1 | 5. MOTHE | R'S MAIL | DEN NAME | MIC | DDLE | | | AST | |
| | 16a W | Elmer | DEVER IN U.S. AR | AED EODCES? | Rail: | Lng | NO II | 7. INFORA | | | | J. | FSS | | ıry | |
| ı | {YE | 5, NO, OR UNKNO | WN) (IF YES, GIVE | WAR OR DATES) | | 24-217 | | | | D-171. | 3 | 319 | West | Side | Aven | ue |
| ŀ | - | NO NO | F DEATH (Enter on | ly ane cause per line f | | | 2 | Jury | E | Raili | ug j | lage | rstow | | PROXIMATE | INTERVAL |
| l | | PARTIDE | ATH WAS CAUSE | BY: #FQ | | SUICID | E BY | HANG | ING | | | | | BETW | MENT | AND DEATH |
| ı | | 95. | 30 IMMEDIAT | DUE TO, OR A | | | | | | | 100 | | 110 | | THE PERSON NAMED IN | |
| ı | | | ns, if any, which | (b) | | | | | | | | | | | | |
| 1 | 113 | cause (o) | se to immediate stating the <u>under-</u> | DUE TO, OR A | S A CONSE | EQUENCE OF | | | | | | | | | | |
| I | | lying cau | se last. | (c) | | | | | | | | | | | | |
| I | z | PART 2 OTNER SI | GNIFICANT CONDITIONS | CONTRIBUTING TO DEATH BL | IT NOT RELATED | TO THE TERMIN | AL DISEASE D | R CONDITIO | N GIVEN IN P | PART 1 (a). | | | | | | |
| l | ATIO | 190. DATE OF | OPERATION | 19h CONDITI | ON FOR WI | HICH OPERA | TION WAS | S PERFOR | MED? | - | | | | 20. A | UTOPSY? | |
| l | IFIC | M 33 | | | | | | | | | | | | | ES 🗆 | NO 🔯 |
| ١ | CERTIFICATION | | L CAUSE WAS | 21b. TIME OF | | AV VEAR | 21c. HQV | W INJURY | OCCURR | RED LENTER N | ATURE OF INJU | IRY IN ITEM | A 18 PART 1 OR | | | |
| | | UNDERLYING CONTRIBUTION | G CAUSE OF D | HOUR A.M. | SEPT 2 | 26,979 | BY H | ANG I | NG | | | | | | | |
| j | MEDICAL | 21d. INJURY C | CCURRED | 21e PLACE O | | (AT HOME, | 211 LOCA | | | do | CITY OF TOW | /N | | COUNTY | | STATE |
| ĺ | 2 | AT WORK | NOT WHILE [| Но | ME | , | 128 | S. P | ROSP | ECT S | T., HA | BERS | TOWN, | WASH. | , | MD. |
| | | 22a. I certif | fy that I taak charg | e of the remains descr | ribed abave | , held an | Autopsy | | Inspecti | an X, | Inquiry | <u>.</u> | and in my | apinian | 12. | |
| ١ | | death result | | | Accident [| | de X | Homic | | | rmined mar | nner [|], | | | |
| | | ACT | 5 | (Do.) 0 | 11. | | | TITLE (S | PECIFY) | | | | 100 | 381 | | |
| 1 | | ACTUAL SIGNATURE | /clu a | we no | (40 | RT | M.D | DEP | | MED | CAL EXAMI | INER | DAT | NED SEF | T.28 | ,1979 |
| X | | EXAMINER'S | NAME COMA | RD W. DITT | 0 11 | I M D | | | | | WASHIN | | | EET | | |
| | 46 | (TYPE OR PRI | ***/ | | | | AL. | JUKE33_ | | | N, MAR | THA | NU | | | |
| ۱ | 730. BL | Burial Burial | TION, REMOVAL 2 | | | ME OF CEME | | | | 23d. LO | CATION | | cc | YTHUC | STA | |
| 1 | | INERAL DIREC | TOR | 9-29-79 | Ceda | ar Law | n Men | oria | 1 Pa | rk Ha | gersto REGISTRAR | Own. | Wash EGISTRAR'S | ingto | in. M | d |
| ١ | | NAME | | eral Home, | Tne | Va ma | | 1 | 20. 27.16 | OCTO | 4 197 | 9 | Just | ryl | Bu | d |
| 1 | 49.0 | -70 001 | Tructi Latit | PI ST HOME, | THC. | magers' | cown. | Mo | | 0010 | 1 101 | 70 | | | | |

THE RESERVE THE PROPERTY OF THE PARTY OF THE .T928 Vol. 17 Land of the control of the control of the state of the s the design of the control of the con and the course of the states o T-180% Commence of the second GI. A Y THE STATE OF THE S THE TO DETAIL OF THE VIOLENCE OF THE ALM STORE THE STORE STORE AND ADDRESS OF A PARTY OF A P - Series then, present the Little markets (Carlotte the contract of the light and the light of the contract of the

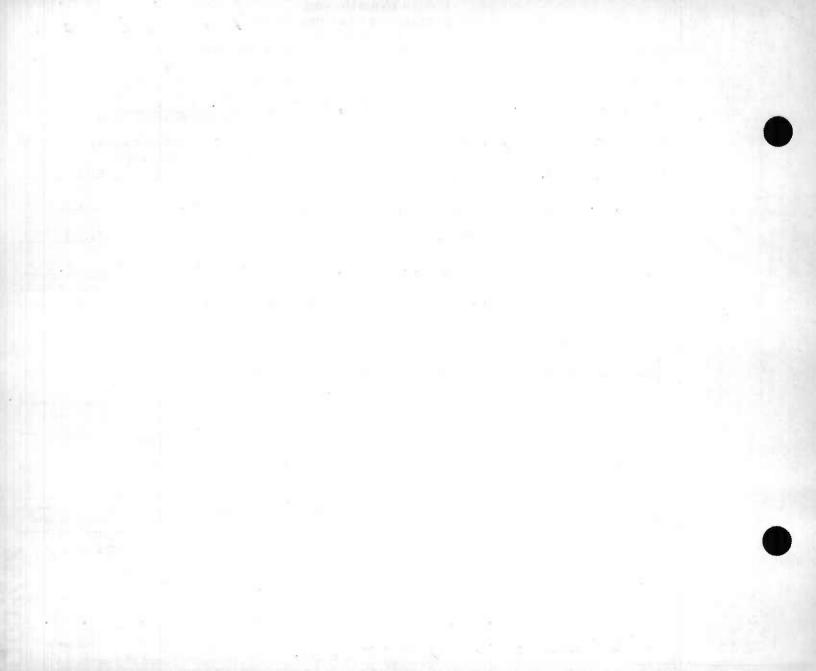


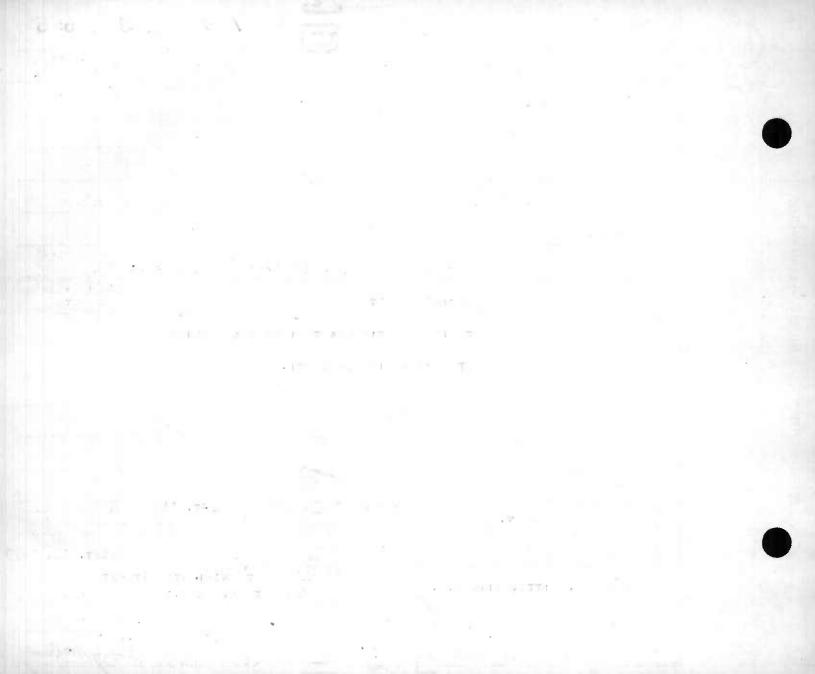
Boonsboro, Md. 21713

John H. Bast, Jr.

(VR A 15 (4))

nowania w The season of th england omninguna scones co Titlem C. Hecker 10th THE PARTY OF THE P in a contract to the contract of the contract - Carl . 1850. E. . Stelebort. L. . 2002





CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 20. DATE OF DEATH 2h HOUR 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 2 HRS MONTHS HOURS MIN BALTIMORE CITY OR COUNTY OF DEATH Washington 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE EYOFT THEE YORKING LIFE) Tailroad 2110 Virginia Ave. Roberla M. Myers Bessie Rhodes, Hagerstown, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death accurred an the date and hour and fram the causes stated 77L DATESIGN賦 STAFF DIRECTOR PHYSICIAN STATE Hagerstown, Md. 24 FUNERAL DIRECTOR Minnich Funeral Home DHMH - 16 50M 1/76 E. Wilson Blvd., Hagerstown, Md.SFP6 (VR A 15 (4))

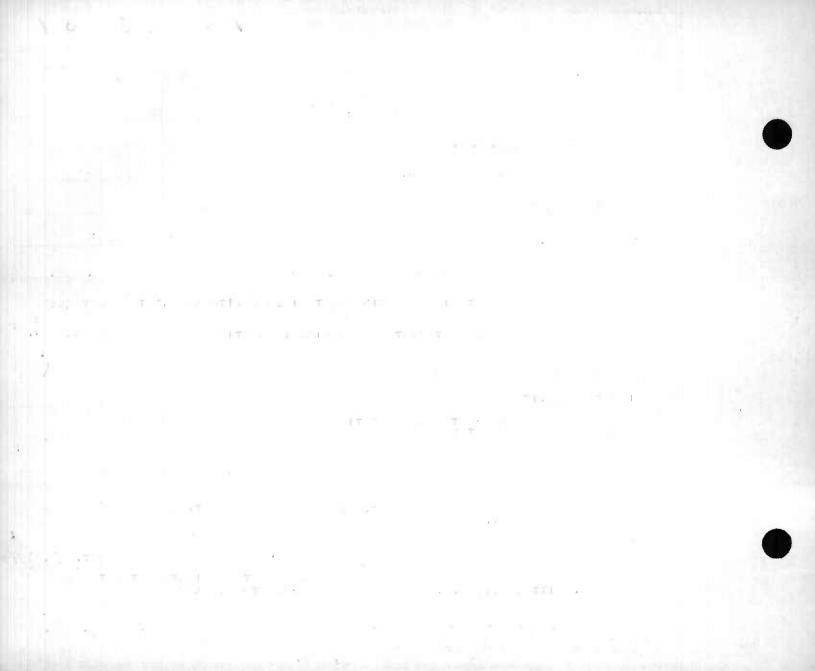
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

Colo il Cittaro les copan de colmo ex-The state of the s



| Y | 1, | FOR STATE | DEPARTM | STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYC | GIEN 9 2 | 3 4 6 8 | |
|--|---------------|--|--|--|--|--|--|
| oge 3 death | 1. D | REGISTRAR ECEASED NAME FIRST PE OR PRINT) Ray mo | nd Farl | Rohrer Sr. | REG. NO. 20 DATE OF DEATH MONTH DAY YEAR 26 F | | |
| ofter de | 3. S | | 4. RACE Cau | DATE OF BIRTH MONTH January 7, 1921 | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN | |
| n 72 hours | 200 | BIRTHPLACE ISTATE OR FOREIGN COUNTRY! aryland | 76. CITIZEN OF WHAT COUNTRY? | 8 MARRIED MEVER MARRIED WIDOWED DIVORCED DI | 9. BALTIMORE CITY OR COUNTY Washingto | n | |
| by the fur filed within | | CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSING {# NOT IN SUCH FACILITY, GIVE STREET A Washington Count | G HOME OR OTHER INSTITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI Manager | 12b. KIND OF BUSINESS OR INDUSTRY FE) TOOCH PROCESS | |
| filled in hould be | M: | aryland Wash | other institution, give residence before ITY 13c CITY OR TOWN Ington Hagersto | WIN YES K NO [| 13. STREET ADDRESS 738 Security R | oad | |
| ompletely and 2 sh cominer | 1 | Harry M. Ro | | Lucy A. | Palmer | LAST | |
| s. Poges | 160 | WAS DECEASED EVER IN U.S. AR. (YES, NO OR UNKNOWN) (IF YES, GIVE NO | MED FORCES? 166. SOCIAL SECUI WAR OR DATES) 217-09-9 | | er , Hagerstown, | Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | |
| The property of the corporation of the burnal, cremation, at region, or ather traumotic eligible, or ather traumotic eligible. | NO | Conditions, if ony, which gave rise to immediate cause 101, stating the underlying cause last | DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE CONDITIONS CONTRIBUTING TO D | NCE OF Sclowtie Carda | | | |
| certificate has been rial-transit permit. entol Hygiene prior tem 18 shows any item 18 shows and 18 shows any item 18 sh | CERTIFICATION | 190. DATE OF OPERATION | | OPERATION WAS PERFORMED | 200 AUTOPSY? 200 IF YE | S, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{NO} \) | |
| verial-transfer tem 18 | MEDICAL CE | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED | The state of the s | Y YEAR 19 21f LOCATION | RED (ENTER NATURE OF INJURY IN ITEM 18, F | | |
| se detached far use as the bi State Dept. of Health and M ANT: If Hem 21 is marked ar | WE | sow the deceased alive on above, (1) was did and an 22b. SIGNATURE | (AT HOME, STREET, FACTORY, OFFICE, FA | march 19 69 19 ond that in my companion DEGREE ATTENDING | | 19.25 , tho replost or and from the couses stated 22t. DATE SIGNED 9/13/79 | |
| TO FUNERAL should be der with the Store IMPORTANT: | 230. | 22d PHYSICIAN'S NAME (TYPE OF RECEIVED AND ALL (SPECIFY) | | AME OF CEMETERY OR CREMATORY | 23d. LOCATION | egerstown, Ma | |
| 16 50M 1/76 A 15 (4)) | 24. | FUNERAL DIRECTOR Minni | _ | | Hagerstown, W E REC'D. BY REGISTRAR 256. REGIST P 1 8 1979 | rash., Maryland | |

CHEST CONTROL OF THE PROPERTY OF College of the Big Constitution of the motion of the MINISTER CONTRACTOR OF THE PARTY OF THE PART

| | 1 | | | STATE OF MARYLAND | | |
|--|---------------|--|---|---|---|---|
| | 1 | FOR - STATE REGISTRAR | DEPART | MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH | GIENT 9 2 REG. NO. | 3 4 6 9 |
| | | ECEASED NAME FIRST PE OR PRINT) | WIDDLE | LAST | 20. DATE OF DEATH MONTH | DAY YEAR 26. HOUR D |
| 3/33 | 1, | Mart | ha Armenia | Saum | September 11 | , 1979 2:05 M |
| I NATA | 3. S | | 4 RACE | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS |
| 123 | | Female | White | July 11. 1924 | 55 YRS. | MONTHS DAYS HOURS MIN. |
| 2 52 87 | 70 | BIRTHPLACE STATE OF FOREIGN | 76. CITIZEN OF WHAT COUNTRY? | 8 MARRIED NEVER MARRIED | 9 BALTIMORE CITY OR COUNT | TY OF DEATH |
| # 05 CET | 7 | Maryland | USA | WIDOWED DIVORCED | Washington Cou | inty MD |
| Lotter of the Company | 10. | Hagerstown | JIF NOT IN SUCH FACILITY, GIVE STREET | NG HOME OR OTHER INSTITUTION ADDRESS) IND Hospital Center | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) housewife | LIFE) 126. KIND OF BUSINESS OR INDUSTRY |
| 24 havi | 130 | STATE 113b COL | or other institution, give residence before JNTY 134 CITY OR TOW Hagersto | | 130. STREET ADDRESS 632 W. Oak Rid | Igo Drivo |
| E 24 E | 14.1 | ATHER'S NAME | trigcon plagersec | 15. MOTHER'S MAIDEN NA | | ige Drive |
| mpletel | | Albert W | . Reese | First Ma | ary MIDDLE | Spesserd |
| executed and comp ages I on | 160. | WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G | RMED FORCES? 166 SOCIAL SECU | JRITY NO. 17 INFORMANT | Hagersto | |
| n and c | | No | 219 68 0 | 387 Robert J. S | aum, 632 W.Oak R | lidge Drive |
| sicio perso al. | | 18 CAUSE OF DEATH (Enter | only ane cause per line for (a), (b), ar | d (c) | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| certificate ing physici rbanpapel r remaval. | | PART I. DEATH WAS CAUS | ATE CAUSE (a) Pneumoni | a | | 6 days |
| e death cer e attending mave carbo nation, ar re traumatic e | | Conditions, it ony, which gove rise to immediate | DUE TO, OR AS A CONSEQUE (b) Adenocar | cinoma of the brea | st, left | April, 1979 |
| that the day the ease recol, creming of the recolumn of the re | | couse (0), stating the underlying cause last | DUE TO, OR AS A CONSEQU | ENCE OF | | |
| requires en signed Then ple into buris | Z | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TERM | AINAL DISEASE OR CONDITION G | IVEN IN PART 1(a) |
| low os beer os bering se prior | CERTIFICATION | 190. DATE OF OPERATION | | OPERATION WAS PERFORMED | YES NO XX | ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? /ES \ NO \ |
| SICIAN: The physician or physician certificate harial-transit pental Hygier ltem 18 show | | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE | | AY YEAR | RED (ENTER NATURE OF INJURY IN ITEM 18. | , PART 1 OR PART 2) |
| uG PHYSICIAN: attending physic ter this certifica is the burial-transis the burial-transis the burial-transis the united Hyriked or Item 18 | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, | 211 LOCATION | CITY OR TOWN | COUNTY STATE |
| TTENDIN pital or TOR: Af for use of fer use of fealth | | | pital) attended the deceased from Sept. 11 | 79 ond that in (my) (XX) opinion | death occurred on the date and ha | , 19_79, that (I) *** last our and from the couses stated |
| OR A DIREC Oched Dept. | 10 | 22b. SIGNATURE | · | MIND DEGREE ATTENDING PHYSICIAN I | | 22c. DATE SIGNED |
| SPITAL O d by the NERAL D be detocle State D | | | | THISICIAIT [| MEDICAL STAFF DIRECTOR PHYSICIAN | 9/11/79 |
| Post of the Post o | | Fe U. Porc | iuncula, M.D. | 1500 Pennsyl | ern Maryland Hos vania Ave., Hage | pital Center rstown, Md.2174 |
| Bb——— 5 # 5 # ₹ ₹— | 230 | BURIAL, CREMATION, REMOVA (SPECIFY) | | NAME OF CEMETERY OR CREMATORY Beaver Creek Cemete | | c, Wash., Md. |
| DHMH - 16 50M 7/77 | 24. | FUNERAL DIRECTOR M | innich Funeral Ho | ome 250. 24 | E RECD. BY REGIT WAR 256. | MANY MANER CHEWORK |
| (VR A 15 (4)) | 4 | NAME | lvd., Hagerstown, | | CLT (1919) | / / |

| 5 2001 .0 | No public | | | | |
|---------------------------|---------------|----------|--|--|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Section of the section of | | | | | |
| | MO. PARTY AND | 20020000 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | FOR STATE REGISTRA | R.C. NO. | | | | | | | | | |
|--|------------------------------------|--|--|--|------------------------|-------------------------------------|------------------------------|------------------------------|----------------|-----------------------------|-------------------------|
| to or widow | 1. DECEASED N (TYPE OR PRINT) | AME FIRST | RD | HENRY | | SCHULL | 0 | TE KNOWN DE ESTI- | | DAY YEAR 24 1979 | 26. HOUR 2,00 Å M |
| | 3. SEX Male | 4 RACE White | S. DATE OF BIRTH | YEAR LAST BIRTHD | ARS IF UN AY) MONTH | DER 1 YR. IF UNDER | R 24 HRS. 2t. D | | MONTH | DAY YEAR | 24 HOUR |
| NECESS FUNERA 5 FOR 5. WITHII W. PRESI | 7a. BIRTHPLACI FOREIGN COUN Md. | | Jan. 8 76. CITIZEN OF WH | AT COUNTRY? | La | ED NEVER MARR | P. BAL | TIMORE CITY | | OF DEATH | |
| HESE MG | ID. CITY OR TO Hagers | | 11. NAME OF HOS (IF NOT IN SUCH FAI | PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS) | E, OR OTH | R INSTITUTION | 12a. USUAL OC FOR MOST OF | CUPATION (TYPE WORKING LIFE) | | 26. KIND OF BU OR INDUST | RY |
| 2, AND 3 TO 3. RETAIN PA SHOULD BE I I. RECORDS, 3 | USUAL RESIDER 130. STATE Md. | 13b. COUN | OR OTHER INSTITUTION, GIV | 13c. CITY OR TOWN Smithsbur | ION) | 13d. INSIDE CITY LIMITS? YES NO 🔀 | 13e STREET AD | DRESS | | | 20000 |
| WITH FORM PAY, 2.1. T. PAGES 1 AND 2 SH, DIVISION OFWITAL R. | 14. FATHER'S N | 5 | MIDDLE B. | Schull | | 15. MOTHER'S MAIDE FIRST Mary | EN NAME | MIDDLE A | | ornell | |
| AGES 1 | Yes, No, OR U | WW | WAR OR DATES) | 362-10-66 | | John O. I | Barkdoll | Rouze | | e, Pa. | |
| I ITEM 18. ALONG W PERMIT. P I'CIENE, DI | PART | E OF DEATH (Enter of DEATH WAS CAUSE IMMEDIA | D BY: #48 | 32 - BACTER | | | | LLA & | | BETWEEN ONSE | TAND DEATH |
| EXAMINER AND THE STANDARD TO SERVICE AND THE STANDARD TO SERVICE AND THE SERVI | gove | litions, if ony, which rise to immediate (a) stoting the under couse last. | (b) #88 | AS A CONSEQUENCE B2 - FALL F AS A CONSEQUENCE | ROM H | | DLLOWING | | | 20 DA | AYS |
| SHOULD BE EXECUT SHE WENDING." IN CHIEF MEDICAL ES E USED AS A BURIX OF HEALTH AND A AL, CREMATION, O | | ER SIGNIFICANT CONDITIONS | (c) | BUT NOT RELATED TO THE TERM | NINAL DISEASE | DR CONDITION GIVEN IN PA | RT 1 (a). | | | | |
| THE CHIEF A THE CHIEF A ILD BE USED AENT OF HEA BURIAL, CREA | 9/ | of operation 5/79 | LT. C | ON FOR WHICH OPER RAN OTOMY F RAN AL HEMO | OR SU | BDURAL HE | | | 3 | 20. AUTOPSY | |
| RITING THE WOR RDED TO THE OF E. 3 SHOULD BE E. DEPARTMENT OF PRIOR TO BURLA | NO UNDERLY | RNAL CAUSE WAS ING OR UTING ACAUSE OF | | BEPT . 4 19 7 | 9 F | ELL FROM H | | | PART 1 OR PART | 2) | |
| ORWARDED OR: PAGE 3 S HE STATE DEP O, 21201 PRIC | WHILE AT WOR | NOT WHILE AT WORK | | OF INJURY (AT HOME, ORY, FARM, ETC.) | | EAR | | SBURG, | WASH | INGTON, | STATE MD. |
| EXAMINER: CERTIFICATE, ULD BE FORV DIRECTOR: P WITH THE SI VARYLAND, 21 | | | ge of the remains described courses ; | cribed above, held on | Autops | y , Inspectio | undetermined | | nd in my apin | iion | |
| A S O E > Y | ACTUAL SIGNATI | IRE du | ed in & | Dith in | M. | DEPUTY | MEDICAL EX | | | SEPT.24 | +,1979 |
| TO MEDICAL ES EXECUTE THE CI PAGE 4 TO FUNERAL D AFTER DEATH, V BALTIMORE, MA | (TYPE OR | R'S NAME EDW PRINT) EDW | | 111, M | | DDRESS HAGE | WEST WA | MARYLA | | ET | |
| BP | | urial | 9/26/1979 | | Churc | h Cemeterv | Smith | burg | Washi | ngton | Md. |
| DHMH - 17 (VR A15 ME (5)) 15M7/77 | MAKE | d H Sur | ADDRESS | Waynesbor | | | SEP 2 8 | 1979 | perfe | 77746 | Today . |

E OE MARNIAND

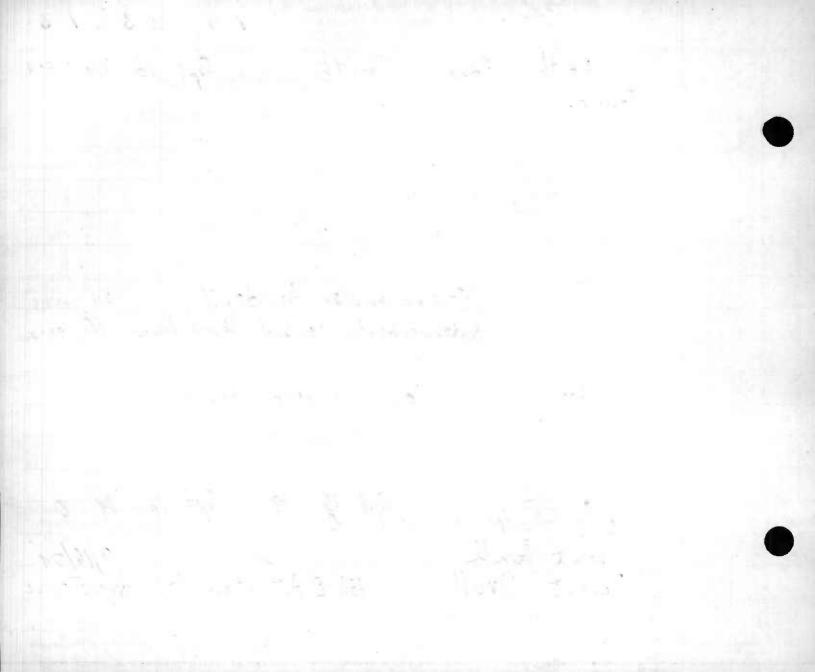
| 0/S | | LUNE | V-1/21 | DHAMOL | |
|------------|------------------|------------------|------------|---------------|-------------|
| | . тиз | | | Long No. | |
| 97.0 | 25 | | | | |
| | a Harly Incarr | | | | |
| | U W. I x | | | w it is to | |
| | | | - | | STEEL STEEL |
| | | Samuel - of | and the | | |
| y | ALBERT DE AL | | | | |
| VAG US | | SUATE VALUE MOST | - 24 | | |
| | | | | | |
| | | | | | |
| | -APTITIE AVGTAGE | | YETALA | •т | |
| | VESTE VALUE | | • T' = | | |
| A HOLDTON, | BELTH BOLD, | A | | | |
| | | | | | |
| T T | YT | | | Carried Barre | |
| TEST TE | A TURN, ESTEAM | | .111 ,0771 | AN UVANDO IN | |
| N. comme S | | THE TOTAL | 145 (47) | 12/2/2 | 20 |
| | | *** | 19040. 32 | 13300 | |

| 1 | 1- | Items 21c. Fil FOR STATE 10-8-79 as REGISTRAR | DEPARTMENT OF HEALT | MARYLAND H AND MENTAL HYGIENE O CERTIFICATE OF DEATH REG. NO. | 471 |
|---|---------------|--|---|---|--|
| . MMM405 | | ECEASED NAME FIRST | xander Scott | LAST 20. DATE KNOWN ANNTH | -79 D120 |
| PY, PLEAS DWECTO DWR FILE 72 HOUR PN STREE | 3. SE | OM A FOR | ATE OF BIRTH YEAR 6 AGE (IN YEARS IF U LAST BIRTHDAY) MON TCh 14 1941 38 YRS. | INDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH | DAY YEAR 24 HOUR 0120 M |
| 1 | | OREIGN COUNTRY) | ITIZEN OF WHAT COUNTRYS IS | RIED NEVER MARRIED 9. BALTIMORE CITY OR COUN WED DIVORCED Washington Co | TY OF DEATH |
| 107987 | 9 | Hagerstown " | AME OF HOSPITAL, NURSING HOME, OR OT FNOT IN SUCH FACILITY, GIVE STREET ADDRESS) D.O.A. Washington Co. | FOR MOST OF WORKING LIFE) | 12b. KIND OF BUSINESS OR INDUSTRY Md. St. Police |
| F ANY DI AND 3. RETAIN RECORD | | AL RESIDENCE (IF IN NURSING HOME OR OTHE STATE 135. COUNTY Md. Washing | INSTITUTION GIVE RESIDENCE REFORE ADMISSIONS | 13d, INSIDE CITY LIMITS? 13e, STREET ADDRESS PL. D. #2 Box 55 | |
| E, MD. 2 ES 1, 2, ES 1, 2, A PM 3, A PM 4, A PM 4, A PM 3, A PM 4, A PM 4, A PM 4, A PM 5, A PM 4, A PM 5, A PM 5, A PM 6, A P | DILE | ATHER'S NAME FIRST MIDE WILLIAM A. | Scott | 15. MOTHER'S MAIDEN NAME FIRST Esta Middle Mae | LAST Baker |
| AFTER I AFTER | 160 (| WAS DECEASED EVER IN U.S. ARMED F YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR NO | ORCES? 166. SOCIAL SECURITY NO. 212-38-7819 | | 55 R.D. #2 Spring, Md. |
| 15T. BALT HOURS A M 18 GIV RMIT PAG PME DIVIS | | 18. CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY: | Massive head an | nd chest injuries | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ILLIUUES |
| W. PRESTON D WITH THE FENCIL AMINER TRANSIT HE ENTAL HTGE REMOVAL | 2 | Canditians, if any, which gave rise to immediate | DUE TO, OR AS A CONSEQUENCE OF | rcycle injuries (accident) | |
| - FXAXX | | couse (a) stating the <u>under</u> lying couse lost. | DUE TO, OR AS A CONSEQUENCE OF | | |
| IL RECORDS, 30 ULD BE EXECUT "PENDING" IN IEF AED AE BURE SED AS BURE SED AS BURE F HEALTH AND A CREMATION, O | NO | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIB | OUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEA | ASE OR CONDITION GIVEN IN PART 1 (0). | |
| ITAL RECOR | CERTIFICATION | 190 DATE OF OPERATION | 196. CONDITION FOR WHICH OPERATION V | WAS PERFORMED? | 20. AUTOPSY? YES NO M |
| DIVISION OF VITAL RECORDS, R: THIS CERTIFICATE SHOULD BE EXER TE, WRITING THE WORD "PENDING" REWARDED TO THE CHIEF MEDICAL S. PAGE 3 SHOULD BE USED AS A BU STATE DEPARTMENT OF HEALTH AND 21201 PRIOR TO BURIAL, CREMATION | SALCERI | 210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH | O100 O I TO | motor cycle accident (ran of | Collision |
| DIVISION HIS CERTING WRITING TARDED TARED TARE DEPARTED FRIOR OF PRIOR | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) | OCATION | UNITY STATE |
| EXAMINER: TI CERTIFICATE, ULD BE CORW DIRECTOR: PE WITH THE STA | >) | 220. I certify that I took charge of the | ne remains described above, held on Auto | psy , Inspection X, Inquiry X, and in my of | pinion |
| AL EXAM HE CERTIF HOULD B HOULD B TH, WITH, WITH | | ACTUAL SIGNATURE | Hawbah , | TITLE (SPECIFY) M.D. Deputy MEDICAL EXAMINER SIGNI | 9-4-79 |
| TO MEDICAL E EXECUTE THE C FORM SHOW TO FUNCTION AFTER DEATH, V BALTIMORE, MA | 2 | | aker, M.D. | _ADDRESS_ 645 E 1st. St, Hagerstown | n, Md. |
| Bb——— | (| | /1979 Rest Haven | Cemetery Hagerstown Wash | ington Md. |
| DHMH · 17 (VR A15 ME (5)) 15M 7/77 | 1 | Medal Sare | Maynesboro, P. | 0000 | try Ma Bredy |

| | | Jacob Crensus | Ilorus |
|---|---------|----------------------|------------|
| | | Let it in the second | |
| | 200 | | |
| The Side ablile to the | | | |
| 2 4 | | | |
| | | v (0) | mulities ! |
| .V. CL TAL | | entragas la Mar | 9 |
| All the second of | - | | |
| (test toon) semantics. | | | |
| | | | |
| | eformo | | |
| (teal too) astronjui, | efervio | 7651 76-11-9-50/6 | |
| (deal-tosa) aemujud apol 2004 a.1292 11. audentiins | eformio | 7 cm | |
| (teal-loss) activities and loss stays | eformio | VS-1-2.00/5 | |
| (deal-tosa) aemujud apol 2004 a.1292 11. audentiins | efe vio | 7 cm | |

| | 1. | FOR STATE | | | DEPARTMENT O | HEALT | MAKTLAND H AND MENTAL I | HYGIENE | , | 2 | A 7 | 2 |
|-------------|-----------------------|---------------------------------|---------------------|-------------------------|--|-------------------|----------------------------------|------------------|-------------------|-------------------|-------------|----------|
| 88 | | REGISTRAR | | ME | DICAL EXAMI | NER'S | CERTIFICATE | OF DEATH | REG. | NO. | | 4 |
| IAI) | | CEASED NAME | FIRST | | WIDDLE | | LAST | 2a. D | ATE KNOWN | MONTH | DAY YEAR | 1:05 |
| 1 | | | | d Willia | m SHIVES | | | DE | ATH MATED | Sep | 5 1979 | A |
| PRESTON STR | 3. SE | | 4. RACE | 5 DATE OF BIRTH | YEAR LAST BIRTH | YEARS IF UI | NDER 1 YR. IF UNDE | | DATE | HINOM | DAY YEAR | 2d. HOUF |
| | | nale | white | Aug 24 | | YRS. | | | DEAD S | ep 5 | 19 79 | 1:05 |
| 35 | FC | RTHPLACE (ST DREIGN COUNTRY) | | 7b. CITIZEN OF W | HAT COUNTRY? | | IED 🖺 NEVER MARE | RIED 9. BA | LTIMORE CIT | Y OR COUNT | Y OF DEATH | A |
| 2 | | aryland | | USA | SPITAL, NURSING HO | | VED DIVOR | MOLE | | n count | | MD |
| 19 | | | | (IF NOT IN SUCH F. | acility, give street address gton County | UOCT | nollulion | FOR MOST C | F WORKING LIFE) | (TYPE OF WORK | OR INDUS | TRY |
| 4 | | lagers to | | OR OTHER INSTITUTION OF | EVE RESIDENCE BEFORE ADMIS | TOSI | Trear | Forema | n | C | construc | rtion |
| 5 | 13a S | arylan | 113h COUN | ington | Big Pool | | 134 INSIDE CITY LIMITS? YES NOTE | 13° R TREET 1 | DDRESS BOX | 48 A | | |
| 19 | 14. F. | ATHER'S NAME FIRST Edgar | | MIDDLE | Shives | T _a is | 15. MOTHER'S MAID | | WIDDIE | LONNE | ER LAST | |
| 1 | 16e. \ | VAS DECEASED | EVER IN U.S. AR | MED FORCES? | 16b. SOCIAL SECUR | ITY NO. | 17. INFORMANT | | ADDRI | | | |
| / | 0 | ES, NO, OR UNKNO | WN) (IF YES, GIVE | WAR OR DATES) | | | Wife: san | ne addre | SS | | | |
| | F | 18. CAUSE OF | DEATH (Enter on | ly one couse per line | e for (a), (b), and (c).) | | | | | | APPROXIMA | |
| | | PARTIDE | ATH VALAC CALICE | D DV | ute Myocard | lial 1 | Infarction | | | | one o | |
| | 1 | 410 | IMMEDIA | | AS A CONSEQUENCE | | | 1 33 35 | | | | |
| REMOVAL | | | s, if any, which | (b) | | | | | | | | |
| | | cause (a) | stating the under- | | AS A CONSEQUENCE | OF | | | | | | |
| | 1/5 | lying caus | e lost. | (6) | | | | | | | | |
| | | PART 2 OTHER SIG | NIFICANT CONDITIONS | CONTRIBUTING TO DEATH | BUT NOT RELATED TO THE TE | RMINAL DISEAS | E OR CONDITION GIVEN IN PA | ART 1 (a), | | | | |
| 7 | ON | I Ha | | | | | | | | | | |
| 1 | CAT | 19a. DATE OF | OPERATION | 19b. CONDI | TION FOR WHICH OP | RATION | AS PERFORMED? | | 1185.6 | | 20. AUTOPSY | '? |
| L | IF | | J. Says Hills | no | | | | | | | YES 🗆 | NO M |
| 2 | MEDICAL CERTIFICATION | 210 EXTERNAL | L CAUSE WAS | 21b. TIME O HOUR A.A | FINJURY A. MONTH DAY YE | AR 21c. H | OW INJURY OCCURRI | ED (ENTER NATURE | OF INJURY IN ITEM | 18 PART I OR PART | T 2) | |
| 1 | CAL | CONTRIBUTION | G CAUSE OF | DEATH P.A | ١. 19 | | none | | | SEATE OF | 7.00 | |
| | WED | 21d INJURY O | | STREET FAC | OF INJURY (AT HOME, TORY, FARM, ETC.) | | CATION | CITY | OR TOWN | COU | NIY | STATE |
| | | AT WORK | AT WORK | | W. Horas | | | | | | | |
| | - | 22a. I certif | y that I taak chorg | je of the remains de | scribed obove, held on | Autop | sy , Inspectio | on X Inc | uiry X, | ond in my opin | nion | |
| | | deoth resulte | d from: Notur | rol couses K., | Accident | vicide _ | Homicide . | Undetermine | | 7. | | |
| | | 1365 | ton | - | t | | TITLE (SPECIFY) | | 1,31,51 | | | |
| _ | | ACTUAL SIGNATURE_ | Marce | elo G | - Jase | Z N | Asst. | MEDICAL E | XAMINER | DATE | Sep 5 | 1979 |
| 2 | 1-4 | EV LAND IEDIC N | Franc | riaco G. | Japzon, M.I |). | Hag | PS COMP | toget . | 645 E. | First S | t. |
| 2 | | (TYPE OR PRIN | T) | | oap <i>a</i> on, | • | ADDRESS | 51 | I | Hagerst | own, Mo | 1. |
| | 23a.B | URIAL, CREMAT | ION,REMOVAL 2 | 3b. DATE | 23c. NAME OF C | EMETERY C | R CREMATORY | 23d. LOCATH | ON | COUNT | rv e | TATE |
| | L. | Bur | ial | 9/7/79 | Parkhead | d Ceme | etery | Big F | ool,XM | SHEET WAR | WASH. N | D. |
| - | 74.1 | UNERA DIRECT | OR | ADDRESS | | | 250. DATE | ŖEÇÍD, BY REGI | | GISTRAR'S SK | | M. Harry |
| | I | who | 1.00 | Dia | e NAMO | OCK! | VID ! CI | FP1 2 10 | 779 | Tintre | MaBre | L |
| | | | 0 | | | | | : | | | | 7 |

| | | The state of the s | Plone |
|------------|-------------------|--|--------------|
| 14 S E 040 | | ets 26 34 -5 | องไม่พ อมอก |
| | | WEU 15 WEU 15 WEU | Lu Lynni |
| | | ol gennot nochringer | inaserty and |
| a ea xa | The same | Ington Mg Rou | dian brakens |
| ~ 20 | 6/Johns | 26V 1 | ft. <u>J</u> |
| | Brain case : 0281 | | |
| | Rollon Inl. | The wight free free free free free free free fre | |
| | | | |
| | | | |
| | | : 101 | |
| | 800.1 | | |
| | | | |
| | | | |
| | | | |



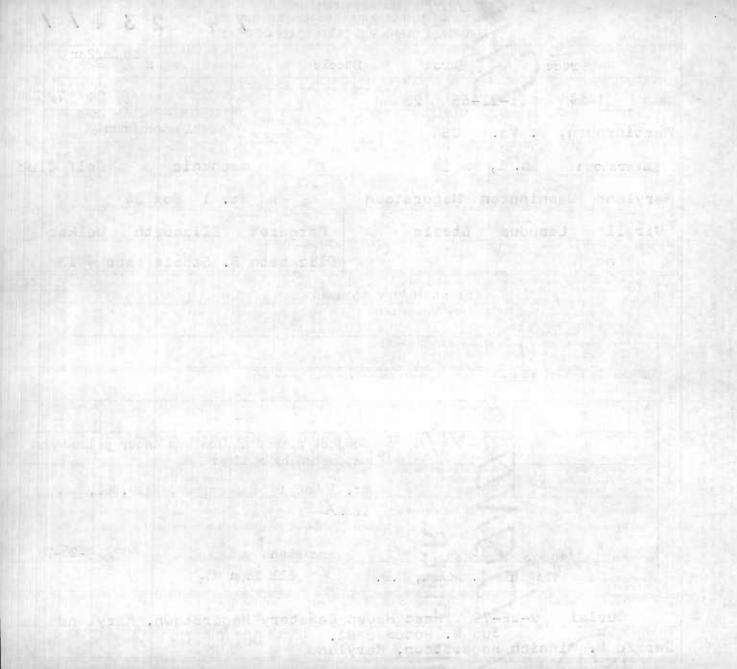
VILLED BY SUBSECTION OF THE PROPERTY OF THE PR The said of the state of the said of the s The contract of the contract o sie male more el cuit deserte en viel faaken

| - 0 | | | | | | | | | AKTLAN | | | | | | | | |
|----------------------------|---|---------------|----------------------------|------------------------|-----------------------------|------------------|---------------|---------------|----------------|--------------|---------------|-------------|---------------------|----------------|---------|--------------|-----------|
| 7 | | | FOR STATE | | | PEPARTME | NT OF H | EALTH | AND ME | NTAL H | YGIENE | 9 | 6" | 3 | di | 7 5 | 5 |
| - | | | REGISTRAR | | MEI | DICAL EX | AMINE | R'S C | ERTIFIC | ATE O | FDEAT | TH . | REG. | NO. | | 1 | |
| BA | | | CEASED NAME E OR PRINT) | FIRST | 5. Jan | WIDDIE | -, 11 | U | AST | | 20 | | KNOWN | MONTH | DAY | YEAR | 26. HOUR |
| W | SE. RS. T, | (ITT | CORPRINT | Howard | 7 | 7ictor | | So. | ltis | | | OF DEATH | MATED . | xx 9 | 2 | 179 | M |
| | CTO | 3. SE> | | 4 RACE | 5. DATE OF BIRTH | 6. | AGE (IN YEAR | IF UND | ER 1 YR. | IF UNDER | | | | MONTH | DAY | YEAR | 3:45P |
| | DIRE DUR | Ma | ale | White | 5-1-23 | | 56 YRS | | DAYS | HOURS | MIN PE | RONOU | D D | a | 9 | 1979 | 13:47F |
| | SSAR RALI | 70. BI | RTHPLACE (5 | TAYE OR | 76 CITIZEN OF WH | | | | XXNEV | ED 44 ADDIE | 9. | BALTIA | AORE CITY | Y OR COUN | | | |
| | E FUNERAL DIRECTOR E. F. FOW YOUR FILES. D. WITHIN 72 HOURS. W. PRESTON STREET, | | enna. | | USA | | | WIDOWE | | DIVORCE | | 1 | Nashi | ngton | Cour | nt.v. | OAA |
| | S S S S S | | TY OR TOWN | OF DEATH | 11. NAME OF HOS | | NG HOME, | | | | 12a. USUA | LOCCI | PATION (| TYPE OF WORK | 12b KIN | D OF BUS | SINESS |
| | ELAY IS N TO THE FI PAGE 5 BE FILED, | 1 | Hagerst | OWT | 770 Four | | | 5.00 | | | FORMO | lesi | RKING LIFE) | | | INDUSTR | Eq. |
| | 3 TO BE | USU/ | L RESIDENCE | (IF IN NURSING HOME OF | R OTHER INSTITUTION, GIV | E RESIDENCE BEF | ORE ADMISSION | N) . | | | | | | | | | - |
| 21201 | AND 3 TO RETAIN POULD BE HOULD BE | 13a S | rylanc | 13b COUNT | ington | Hage | | | 3d. INSIDE CIT | NO X | 13e STREE | ADDR | ess ounta | ain H | lead | Rd. | |
| | = | | THER'S NAME | | 11119 0011 | mage | 1000 | | IS. MOTHER | | | | | | | | |
| W | ATH. II. 2. 2. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. | 2 | John | | WIDDLE | Solti | T | | FIR | ary | | | MIDDLE | V1. | eitz | LASY | |
| BALTIMORE, MD. | S S S S S S S S S S S S S S S S S S S | 16a V | | DEVER IN U.S. ARA | AED FORCES? | | L SECURITY | NO. | 7. INFORM | | | | ADDRE | | | | Leves |
| IMO | B. GIVE PA WITH FO WITH FO PAGES DIVISION | (Y | Y 8 S | WN) (IF YES, GIVE V | VAR OR DATES) | | | | Mrs | Shi | rlev | Δ | Sol | tis H | Lane | al r | igway |
| SALI | URS AFTE 3. GIVE P WITH FC PAGES DIVISION | | | | | | | -20 | 1123 | OITZ. | Liey | /1 4 | 301 | 010 1 | | PROXIMATE | |
| | M 18. G NG WIT RAIT. PA | | PART I DE | ATH WAS CALIFED | y one couse per line BY: | | | | | | | | | | BETW | EEN ONSET | AND DEATH |
| PRESTON ST., | N 24 HOU VITEM 18 ALONG T PERMIT YGIENE, 1 | | 1/1/1 | IMMEDIAT | E CAUSE (a) R1 | IDTUTE (| | | aneu | rysm | | | | | | | |
| EST | YAL YAL | | Condition | ns, if any, which | DOE 10, OK | AS A CONSE | QUEINCE O | 0.00 | | | | | | | | | |
| | WITH KAN | | gove ri | se to immediate | (b) | | | | | | | | | | | | |
| 301 W. | UTED WITHIN IN PENCIL IN EXAMINER A RAL-TRANSIT NEL-TRANSIT OR REMOVAL | | lying cau | | DUE TO, OR | AS A CONSE | QUENCE O | F | | | | | | | 11.55 | | |
| | GECUTED 3" IN PE AL EXA BURIAL: AND MEI | | BARY S OTHER CO | CHIEFE HIT CONDITIONS | (c) | | | | | | | | | | | | |
| DIVISION OF VITAL RECORDS, | 5075 | 2 | PAKI Z DIHEK SI | GNIFICANT CONDITIONS C | ONTRIBUTING TO DEATH | BUT NOT RELATED | TO THE TERMIN | IAL DISEASE (| OR CONDITION | GIVEN IN PAR | Tla. | | | | | | |
| 9 | MEDIN | CERTIFICATION | THE PATE OF | OPERATION | In count | ION FOR WE | ricu passo | TWYST WAY | C BEREORA | AEPVO | | -76 | - | | Inc. a | UTOPSY7 | |
| AL R | HIEF / HEF / CRE. | AC. | THE DATE OF | OF ENATION | IVE CONDI | ACTOR NOT | IICH GEER | THURS YEA | SPERIORA | NEW T | | | | | 100 | - | V China |
| VII | R. THIS CERTIFICATE SHOUI TE, WRITING THE WORD 'P SEWARDED TO THE CHIEF IP, PAGE 3 SHOULD BE USE! STATE DEPARTMENT OF H 21201 PRIOR TO BURIAL, CI | - | TIL EVTERNI | L CAUSE WAS | JIE TIME OF | 164 to 1874 | | Tayler | AC INCH DE CO | OCCUPACE | . contract of | Total City | to the last well be | TRIPART LORD | | ES XX | NOL |
| Ö | THI THINGS | | UNDERLYING | Oos . | HOUR A.M | MONTH D | AY YEAR | I STE THE | W INCOME! | UCCURRE |) Itsuith ore | THE CH I | CUMY 194 ICEM | THE PART I CAN | MAI 1/2 | | |
| o do | S THE | MEDICAL | CONTRIBUTE | NG CAUSE OF D | | OF INJURY | 10 | IN LOC | ATIPOLI | | | | | | | | |
| IVIS | OED OED | MED | POTITAL AUTO-CALL CONTROL | | | DRY, FARM, STC.) | | | REST | | | CITY ON TO | DWN | 0 | OUNTY | | \$5A32 |
| 0 | R. THIS RWAR PAGE STATE | | AT WORK | NOT WHILE | | - | 1 | | | | | | | | | | |
| | ATE, ATE, ORV | | 22s. Loren | ly that I to k charge | e of the remains de | cipoli atom | held an | Autopsy | K. | Inspection | | Inquiry | | and in my | pinion | | |
| | BEALT - 5 | | death result | ed frog Natur | Pouses K. | Lident | 14 | ide | Homick | de | Undeter | mined n | vonner [|]. | | | |
| | EXAM CERT UILD B DIREC WITH | | - | 1 11 | 1 0 | 1117 | W | | TITLE (SP | ECIFY) | | | | | | | |
| | ##### | | ACTUAL SIGNATURE. | 1/4 | what | K) /V | Way | - | Deput | y Chi | e fmedic | ALEXA | MINER | DATE | ED C | 2/11/ | 779 |
| | PEN | 1 | | (0 | | V | V | | | The state of | | | | 200 | | | |
| | THE THE | | TYPE OR PRI | NAME Tho | omas D. Si | mith, 1 | M.D. | A | DORESS | 111 | Penr | ST | . Ba | lto., | MD | | |
| | TO MEDICAL EXECUTE THE CERT PAGE 4 SHOULD TO FUNE AND DIRECT PAGE NOT THE PAGE NOT | 23a. B | SPECIEV) | TION, REMOVAL 2 | | | ME OF CEM | | | | 23d. LOC | RTOWN | | co | UNTY | ST | ATE |
| | BP | | 8 | urial | 9-13-79 | St. | Pet | er's | | | SIL | eeT | | Peni | | | ia |
| | DHMH - 17 | 24. F | UNERAL DIREC | TOR | 305 | N. P | otom | ac S | t. 2 | | | | . 9 | EGISTRAR'S | SIGNATI | URE CONTRACT | 4. |
| | (VR A15 ME (5)) 15M 7/76 | Ge | | N. Minn: | | ersto | | | | 2 | EP1 | 7 13 | 13 | proper | 7 | -000 | 7 |
| | | | | | | | | | | | | | | | | | |

A PER DE MINISTER PROPERTY DE L'ANDRE DE L'A . madali AND ALLOHOUS MANUFACTURES in both n. ismus 077 pr 14 | bubyetings programme | boxlyter un indertage: - Lalos . A yes tina kest di la 42 VVI Akada di Uni di esy demonstration of the contract CHARLES THE STATE OF THE STATE OF THE SERVICE OF THE STATE OF THE STAT

| 0 1 1 2 | The Ass | | | | |
|-------------|--|---------------------|----------------|---------|-------------|
| good creft. | ę i C. (| 323129 | | | |
| | | and grad statements | | | a.Le |
| | | | | · 6 | , ufflyngie |
| Inville 1 | 0 | | er off not | 5 | man surviva |
| | Let my U.B.S. | | | Nanhina | harden e |
| | time al | | nu-felet | | |
| | | in Leon C | 10 2-17-3 di | | 7,00 |
| | Santa de La | Lazi- | | | |
| ¥č. | AF TANL Y | | unet m | | |
| Sec. 1912 | | 6 | 17 144 | | |
| | A - Hi - Server | | | | |
| , | ellen in de | | emera / acodes | | Advis 1 |

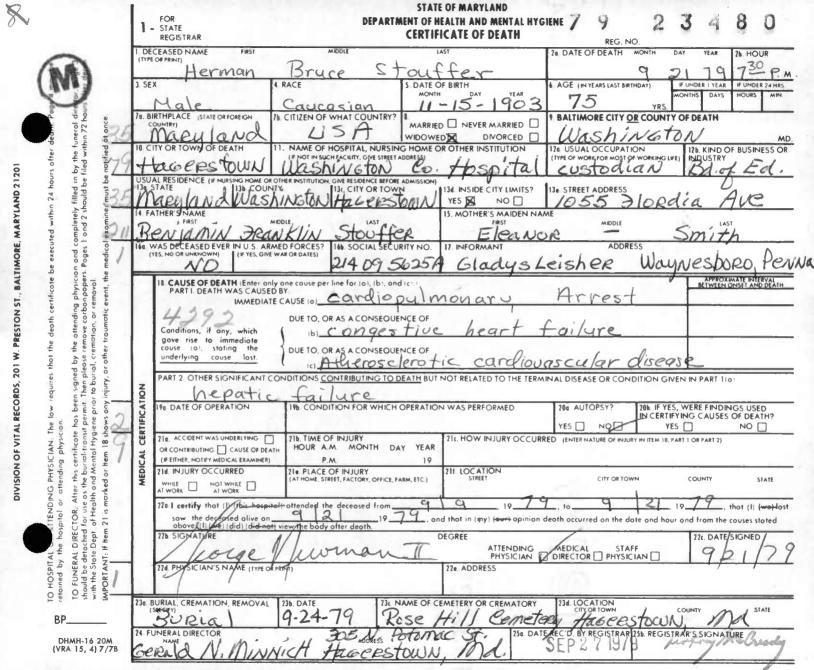
| | FOR STATE REGISTR | | | TO HEALTH AND MENTA MINER'S CERTIFICATION | | 3 4 7 7 |
|---------------|----------------------------|--|---|---|---|---|
| | DECEASED TYPE OR PRINT) | NAME FIRST | Aaron | Steele | | 20 20 19 79 15 HOU |
| n | nale | 4 RACE white | | T BIRTHDAY) MONTHS DAYS HOUR | ADER 24 TIKO. ZK. DATE | 9 24 79 11a |
| P | Marti | nsburg, W | . Va. USA | | ORCED Washington | County |
| | Hage | | 11. NAME OF HOSPITAL, NURSING HE NOT IN SUCH FACILITY, GIVE STREET A Pt. 1, Box 34 | DDRESS) | 120. USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE) mechanic | WORK 126 KIND OF BUSINESS OR INDUSTRY Golf Club |
| 13a. | Naryl Maryl | N3b COUNT | ROTHER INSTITUTION, GIVE RESIDENCE BEFORE Y 13(. CITY OR TO Hagers | OWN 13d. INSIDE CITY LIMI | 13e. STREET ADDRESS Rt. 1 Box 3 | 4 |
| | Virg | il Leo | middle steele AED FORCES? 166 SOCIAL S | 15. MOTHER'S M FIRST Marga FCURITY NO. 117. INFORMANT | aret Elizabeth | Welker |
| 100 | (YES, NO, OR | EASED EVER IN U.S. ARA JNKNOWN) (IF YES, GIVE V | VAR OR DATES) | | | see # 13 |
| NOI | Con gar car lyin | nditions, if any, which we rise to immediate see (a) stating the <u>undergoods</u> cause last. | Blast in E CAUSE (a) Blast in DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ONTRIBUTING TO DEATH BUT NOT RELATED TO | IENCE OF | IN PART 1 o | BETWEEN ONSET AND DEAT |
| CEPTIEICATION | 19a. DA | TE OF OPERATION | 19b. CONDITION FOR WHIC | H OPERATION WAS PERFORMED? | | 20. AUTOPSY? YES NO |
| MEDICAL CER | CONTR | ERNAL CAUSE WAS LYING OR IBUTING CAUSE OF D URY OCCURRED | 21e. PLACE OF INJURY (AT | YEAR Subject pla 1979 detonated by STILL LOCATION STREET | URRED TENTER NATURE OF WIJURY IN TIEM 18 PARTICES UNGO Y a timer CITY OR TOWN | er pillow and |
| | 22a. death ACTUA SIGNA | resulted fram: Natur | home e af the remains described abave, he al causes , Accident , | Suicide . Homicide TITLE (SPECIF M.D. Assiste M.D. | Hagerstown, Wash | n my apinian DATE 9-26-79 |
| 230 | | REMATION, REMOVAL 2 | | OF CEMETERY OR CREMATORY | 23d.LOCATION Bry Hagerstown, | EDUNTY STATE |
| 1 | FUNERAL Geral | DIRECTOR | 305 N. Pot ich Hagerstown | tomac St. 250. D | ATE TOO TO GISTING IN RECEST | wo frey Malbrooky |



| | 1- | FOR Ite: | ms 21c. | Film G53 | EPART | STATE MENT OF HE | OF MA | ND ME | ID NTAL I | HYGIEN | E 9 | 2 | 3 | 4 7 | 8 |
|--|---------------|--|---------------------------------|---|--------------|---------------------|----------------|----------|--------------|----------------|------------|-----------|---------------------|-------------------------------------|------------------------|
| | 1. DE | REGISTRAR CEASED NAM E OR PRINT) | E FIRST | MEL | MIDDLE | EXAMINE | K'S CE | KIIFIC | CATE | OF DEA | Zo. DATE K | roll- | MONTH C | DAY YEAR | 26 HOUR 0320 |
| FILES. FILES. OÚRS TRÉET, | 3. SEX | | Kathy 4. RACE | 5. DATE OF BIRTH MONTH DAY July 5, | ynn | 6 AGE (IN YEARS | IF UNDE | | IF UNDER | R 24 HRS. | DEATH A | | MONTH O-1-7 | DAY YEAR | M |
| 8640 | 7a. BI | fem. RTHPLACE (S REIGN COUNTRY) | Cauc. | 7b. CITIZEN OF WH | AT COUN | NTRY? 8. | | 337 | /ER MARF | SIED L | | | | NTY OF DEATH | |
| SEE 79 | 10. Ct | Hear | | 11. NAME OF HOSE (IF NOT IN SUCH FAC | HITY, GIVE S | RSING HOME, C | | INSTITUT | ION | FOR N | AL OCCUPA | ATION (T) | ton C | OUNTY 12b. KIND OF B OR INDUS | MD. JUSINESS TRY |
| SHOULD BE I RECORDS, | USUA 13a S | ancock RESIDENCE TATE ryland | (IF IN NURSING HOME C | DOA Washington County Hospital Homemaker Washington County Hospital Homemaker Washington County Hospital Homemaker 13d Itside (ITY LIMITS? 130 STREET ADDRESS Rur 13d Itside (ITY LIMITS? 130 STREET ADDRESS Rur 13d Itside (ITY LIMITS? No Hancock, M | | | | | | ral | cal | | | | |
| 2/0 | | THER'S NAME | | MIDDLE | 1 11 | LAST | | MOTHE | | EN NAME | | DLE | | ana LAST Kerns | |
| No N | 16a V | | DEVER IN U.S. ARA | | | -92-800 | | . INFORM | ANT | | er, Ho | anco | SS | aryland | 1 |
| URIAL-TRANSIT PERMIT. PAGES 1 VD MENTAL HYGIENE, DIVISION V, OR REMOVAL. | フ | PART I DE | IMMEDIATE Ans, if ony, which | TE CAUSE (o) | lassi | ve head | | | | jurie ident | | | | APPROXIMA BETWEEN ONS | ET AND DEATH |
| IL, CREMATION, OR REMOVAL | | cause (a lying cau | | · · · | | NSEQUENCE OF | | | | | | | | | |
| AL, CKEMA | CERTIFICATION | 19a DATE OF | OPERATION | 196 CONDITI | ON FOR | WHICH OPERAT | ION WAS | PERFOR | MED? | | | | | 20 AUTOPSY | Y? NO 📆 |
| PRIOR TO BURIAL, | | | AL CAUSE WAS OR NG CAUSE OF E | 216. TIME OF HOUR A.M. | MONTH | 79 YEAR | | | | | | | enger, | | - 42 |
| La Faire | MEDICAL | 21d. INJURY C WHILE AT WORK | NOT WHILE DAT WORK | 71e PLACE O | F INJURY | (AT HOME. | 211. LOCA R | | at ' | Timbe | rridge | E Rd. | , Han | cock, M | Id. STATE |
| ARYLAND, 21201 P | | 22a. I certi death result | | ge of the remains desc | ribed obc | | Autopsy le | Hamic | Inspection | | Inquiry a | | ond in my op | einion | |
| UNERAL DIRECTOR: P | / | ACTUAL SIGNATURE | Lo | , Hai | wta | ehn | M.D. | Dep | uty | | CAL EXAMI | | DATE | | |
| TO FUNERAL DATE: DEATH, BATTIMORE, MA | 23a. Bl | EXAMINER'S (TYPE OR PRII JRIAL, CREMA PECIFY) | TION, REMOVAL 2 | wbaker, M. | | NAME OF CEME | | DRESS_ | | 23d. LO | CATION | | COUN | | STATE |
| 17 : (5)) | 24. FL | JNERAL DIREC | urial Frus F. Home | 9/7/1979 e Berkele | | prings, | | | 25a. DATE | REC'D. BY | REGISTRAR | 25b. REC | pring SISTRATS S | IS, W.V | a. |

| | n Alexandrian TE | | |
|---|------------------------|------------------------|--------------|
| | meni 18 | Toryoff Committee | |
| 014- | | and the state of | |
| | | | |
| | | | |
| | entine as to act when | | Hamebert, M. |
| | | | |
| 12 HALLE - 1900-T | | Sur one | |
| | | | |
| c, Freezes, new being | wampar 15 Juni 16 | 90 30 542 | |
| | n dental shock bed | J-1 49/1-10 | |
| | The total of the order | | |
| | | | |
| | | | |
| | | | |
| | elatrica Alfangrasion | maray Kasa | |
| A should like only | roings Jack JA | | |
| | | | |
| | tirili i | Ex Thurtake | |
| 11 N. Professor IV. 15 | | .7.77.78.78.78 | |
| | | Contain to the Contain | |
| 3,818 100 / 1 | 1932 | nerther relative book | . Emacine ti |

| | | | 100 | | |
|--------------------|------------|----------------|-----------|------------|---------------|
| | | 8981 6 sup | | | |
| 470 | pine in | | | | -64 oct 2 of |
| | Managali T | - 0000 30 | ill, dweb | noz foti = | |
| No. 2011 105 400 | 1 - 22 | | e mierce) | 10 0000 | Maria Control |
| | | Chargo | | | Tours. |
| | | a deligation | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE (1)

FOR - STATE

30M 7/73

. T JOTE-DECK north of discount of the Local and published increases. Delugies - Leaung II settle . Fra L. L. 12.5-14-131 DATES S. SHEEDA - MOST - KOMPITALARET LATES FORE THE PRINCIPLE OF THE PR EIN IT ALT AND CONTENTS STORY TO A STREET WAS A STREET OF THE STREET THE RESIDENCE OF SHEET AND THE SHEET WAS ASSESSED. A JUNE 1 OF THE REST OF THE PARTY OF THE PAR TEG TO LET TO THE TOTAL TO SEE THE SECOND SE TO THE STATE OF TH White discount for the content of th LICE M. PERSON CO. L. L. C. B. P. S. C. L. S. L.

MARKET AND RESIDENCE OF THE SECOND SE

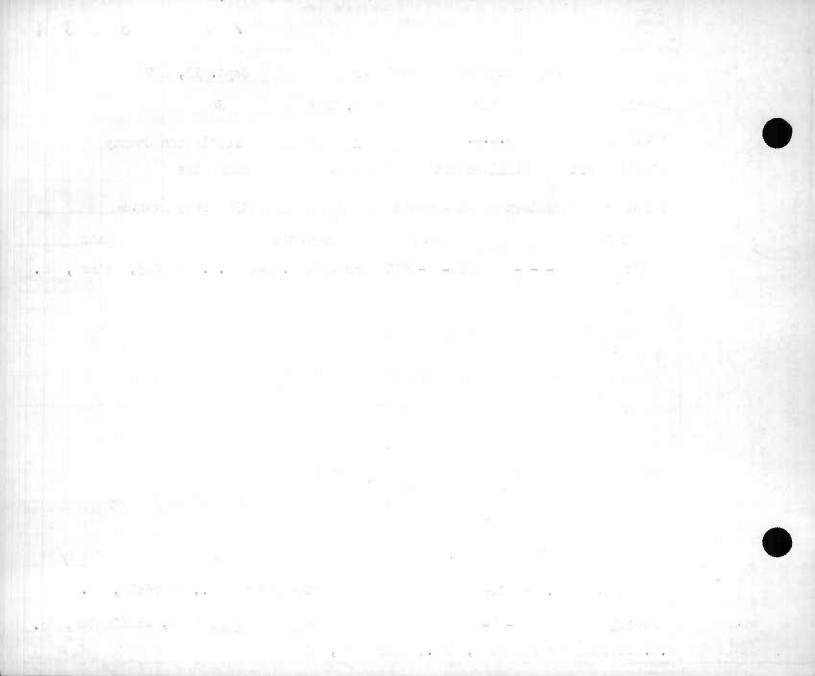
| 1 | | | | | OF MARYLAND | _ 22 | | | | | |
|---------------|--|---------------------------------|-------------------------|--------------------|--|-------------------|-------------------------------|--|--------------|----------------------------|-----------|
| 1- | FOR STATE | | | | EALTH AND MEN R'S CERTIFICA | | | 2 | 3 . | 1 8 | 3 |
|) Dr | REGISTRAR ECEASED NAME | IRST | MEDICALI | EXAMINE | K S CERTIFICA | TE OF DEA | | REG. NO. | 9 | 4 | -3 |
| | PE OR PRINT) | SALIE | PEA | 01 | TRAIL | | 20. DATE KN | ESTI- | | DAY YEAR | 7: Q |
| 3. SE | | S. DATE OF E | | | | UNDER 24 HRS. | | ATED X S | EPT. | 10 19 79 | 2d. HC |
| | EMALE White | MONTH | DAY YEAR | LAST BIRTHDAY) | | DURS MIN | 2c. DATE PRONOUNCE DEAD | SEPT. | 1 | 1 1979 | 0. |
| 3 | SIRTHPLACE (STATE OR | | 16 1909 OF WHAT COUN | 7 OYRS | | | 9. BALTIMOR | | COLINTY | | 1 1 |
| | oreign country) aryland | II | SA | | MARRIED NEVER | MARRIED | | ASHING | | or BEATTI | |
| | CITY OR TOWN OF DEATH | 11. NAME O | F HOSPITAL, NUF | RSING HOME, | OR OTHER INSTITUTIO | N 120. US | UAL OCCUPAT | TION ITYPE OF | | KIND OF BU | USINESS |
| H | ancock | | SUCH FACILITY, GIVE ST | (REET ADDRESS) | | | MOST OF WORKING | | н | OR INDUST | iRY |
| ÚSÚ. | AL RESIDENCE IF IN NURSING | HOME OR OTHER INSTITUT | ION, GIVE RESIDENCE | | | | | 9 / | 1. | CITE | |
| | aryland Wa | shington | Hand | or town | 13d. INSIDE CITY L | IMITS? 130. STR | EET ADDRESS | | | | |
| _ | ATHER'S NAME | WIDDLE | | | | MAIDEN NAME | | | | | |
| | Abner | MIDDLE | McC | Cusker | FIRST | arah | Eliz | zabeth | В | ridget | |
| | WAS DECEASED EVER IN U. | S. ARMED FORCES? | 16b. SOC | IAL SECURITY I | O. 17. INFORMAN | NT | | ADDRESS | | | 1 |
| | No | -o, Jire War Or Dailes) | 219 | 20 097 | Cora M | lcCusker | Rt. ‡ | #1 Hand | cock, | Md. | |
| | 18. CAUSE OF DEATH (En | nter anly one cause p | | | | | 717 | | | APPROXIMAT BETWEEN ONSE | E INTERVA |
| | PART I DEATH WAS C | AUSED BY: MEDIATE CAUSE (0)_ | #411 - | ACUTE A | ND SUBACUT | E FORM | F ISCH | EMIC | | SEVER. | |
| | 410- | | O, OR AS A CON | SEQUENCE OF | | | | | | YEA | R\$ |
| | Canditions, if ony, gove rise to imme | ediote (b). | | | HEART | DISEASE | | | | | |
| | lying couse last. | Under- DUE TO | O, OR AS A CON | SEQUENCE OF | | | | | | | |
| | | (c)_ | | | | | | | | | |
| z | PART 2 OTHER SIGNIFICANT COND | DITIONS CONTRIBUTING TO | DEATH BUT NOT RELAT | TED TO THE TERMINA | L DISEASE OR CONDITION GIV | EN IN PART 1 (a). | | | | | |
| - 6 | 190. DATE OF OPERATION | N 1105 C | ONIDITION SORV | AVHICH OPERAT | ION WAS PERFORME | D2 | | | | | |
| FICA | The of the control of | 179. CC | OHDINON FOR Y | THEIT OFERA | TO THAS PERFORME | | | | | D. AUTOPSY | |
| CERTIFICATION | 210 EXTERNAL CAUSE W. | | ME OF INJURY | | 21c. HOW INJURY OC | CURRED (ENTER | NATURE OF INJURY | IN ITEM 18 PART | I OR PART 21 | YES 🗌 | NO [|
| ALC | UNDERLYING OR CONTRIBUTING CAUS | HOU | R A.M. MONTH | | | | 3.12 2.1.1047 | The same of the sa | 20000000 | | |
| MEDICAL | 21d. INJURY OCCURRED | 21e. Pt | P.M. ACE OF INJURY | 19 (AT HOME, | 21f. LOCATION | | 200 | | | | |
| W | WHILE NOT WHILE | LE STRE | ET, FACTORY, FARM, ET | (C.) | STREET | | CITY OR TOWN | | COUNTY | | STAT |
| | THE PROPERTY OF THE PARTY OF TH | | | | | spection X, | | 7 | | | |
| | 22a. I certify that I took | - | 1 | | | | Inquiry L | | n my opinio | on | |
| 1 | death resulted from; | Natural causes X | , Accident | L, Suici | | | ermined monn | er [_], | | | |
| | ACTUAL SIGNATURE | , VIII & | likle . | 777 | M.D. DEPU | TV | | | DATE S | SEPT.1 | 1,19 |
| 1 | | ur va pr | 7.6 | + | | | WASH IN | | | | , , |
| | EXAMINER'S NAME EL | DWARD W. [| DITTO, 1 | II, M.D | | AGERSTO | | | | | |
| 23a. B | SURIAL CREMATION REMO | OVAL 236. DATE | 23c. N | IAME OF CEME | TERY OR CREMATORY | | OCATION OR TOWN | | | | |
| B | urial | 09-13- | 79 St | . Peter | s Catholic | | ncock | Washir | county | | TATE |
| | | | | | The second secon | | | | | | |
| | UNERAL DIRECTOR | 0 | DDRESS 1 | | 25a. | DATE REC'D. BY | REGISTRAR | 25b. REGISTR | AR'S SIGN | NATURE | |

ETAIC SO TO STATE OF STATE OF SEATING STATE OF S

| * 1 | | T AT | | 1-26 | |
|----------------|------------------|----------------|-----------|---------|---------|
| | | | | | 1745 |
| .T.S. | | | uc. to in | | -1-1-11 |
| | | | | | |
| 1074 THE M | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | P ST | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | * | | |
| | | | | | |
| Harris Landon | L ap huro at man | IN OUR ETUDE - | 111 | | |
| | | | | | |
| | | | | | |
| | THAT IN THAT | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | Y TU- | | | | |
| T22 T 1072 () | | | | | |
| Tal TalkCTS II | EAS THEW IS 18 | | .0771 | HANDS I | |
| | EAS THEW IS 18 | | | HANDS I | |
| | EAS THEW IS 18 | | .0771 | HANDS I | |
| Tal TalkCTS I | EAS THEW IS 18 | | .0771 | HANDS I | |

| | | REGISTRAR | | MIDDLE | | ICATE OF DEATH | REG. I | | | |
|----------|---------------|--|---------------------------|-------------------------|-------------|----------------------------|---|-------------------|---|------------------|
| | | CEASED NAME FIRST OR PRINT) | O | | | | 26 DATE OF DEATH | | DAY YEAR | 2b. HOUR |
| | 3 SE | France | A RACE | shwa T | roving | | Sept. 13 | | IF UNDER 1 YEAR | IF UNDER 24 HR |
| 9 | | emale | Whit | | MONTH | 8, 1898 YEAR | 80 | | MONTHS DAYS | HOURS MIN |
| 1) | | RTHPLACE (STATE OR FOREIGN | | WHAT COUNTRY? | 1. | | 9. BALTIMORE CITY | OR COUNT | Y OF DEATH | |
| 17 | C | ountry) faryland | U.S. | | MARRIE | D NEVER MARRIED | | | | |
| 20 | 10. C | illiamsport | 11. NAME OF | | IG HOME C | OR OTHER INSTITUTION | Washing 126. USUAL OCCUPA (TYPE OF WORK FOR MOST HOUSEWIF | TION | 12h KIND (| OF BUSINESS O |
| 800 | USU 13a | AL RESIDENCE (IF NURSING HOME STATE 136 CO | OR OTHER INSTITUTION | IJC. CITY OR TOW | | 13d INSIDE CITY LIMITS? | 13e. STREET ADDRESS | | | |
| 5.5 | 1 | | shington | Hagerst | | YES NO | 830 Deww | | nue | |
| 11 | 14. F/ | ATHER'S NAME | MIDDLE | LAST | | 15. MOTHER'S MAIDEN NA | WE | | LA | 61 |
| 1/1 | | Frank | | Cushw | a. | Gertrude | most. | | Spah | |
| | 16a \ | VAS DECEASED EVER IN U.S. | ARMED FORCES? | 166 SOCIAL SECU | IRITY NO. | 17 INFORMANT | ADDI | RESS | | |
| / | | No | | 214-09- | 1602 | Mrs Jane K. 2 | Zee P.O. B | ox 245 | Glena: | rm, Md. |
| | | 18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU | only one couse pe | r line for (a), (b), pr | dict. | 1.0 | * | | APPRO) BETWEEN | ONSET AND DEATH |
| 2 | | | SED BY: IATE CAUSE (0) | Vent | icul | antle | | | im | ni d |
| ofic | | 4140 | DUE TO, O | R AS A CONSEQU | ENCEOF | 1 | | 4 | | |
| E 3 | | Conditions, if ony, which | ((b)_ | athero | sclen | he ha | it dise | cus | 4 | cus |
| other tr | | gove rise to immediate couse (a), stating the underlying couse last. | DUE TO, C | OR AS A CONSEOU | ENCE OF | | | | | |
| nlury, o | N O | PART 2 OTHER SIGNIFICAN | T CONDITIONS C | ONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | AINAL DISEASE OR COI | NDITION GIV | VEN IN PART 1 | (0) |
| 9 gans | CERTIFICATION | 190 DATE OF OPERATION | 196 COND | OITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | IN CERTIF | S, WERE FINDS FYING CAUSES | |
| S C | Ü | 210. ACCIDENT WAS UNDERLYING | | | AY YEAR | 216 HOW INJURY OCCUR | RED (ENTER NATURE OF INJ | URY IN ITEM 18, I | PART 1 OR PART 2) | |
| E 7 | 3 | OR CONTRIBUTING CAUSE OF | DEATH | .M. | 19 | | | | | |
| ō | MEDICAL | 21d. INJURY OCCURRED | 21e PLACE | OF INJURY | FARM ETC.I | 21f LOCATION STREET | CITY OR TO | OWN | COUNTY | STATE |
| a k | 2 | AT WORK AT WORK | | | rann, eve., | | 4 | / | N =1 | |
| E | | 220.1 certify that (I) (this ha | | | 3 | 1/0 , 19 79 | , to | 13 | 19 | that (1) (we) to |
| 2 | | sow the deceased alive above, (ii) (we) (did) (did | not) view the body | ofter death. | , 01 | that in (my) (our) opinion | death accurred on the | date and hou | or and from the | couses stated |
| E | | 226. SIGNATURE | 0 " | 14 2 / |) | DEGREE | | | 22c DATE | SIGNED |
| <u>=</u> | | John | K. I | Melinta | U | ATTENDING PHYSICIAN | MEDICAL STA | AFF ICIAN 🗌 | 9/ | 13/79 |
| 4 / | | 224 PHYSICIAN'S NAME (TYP | E OR PRINT) | | | 22e ADDRESS | - | | | / |
| MPORTAN | | John R | . Melnic | k | | 4400 Queens | berry Rd., R | iverda | ale, Md | |
| 3 | 23a. | BURIAL, CREMATION, REMOV | AL 236. DATE | 23€ | NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | | COUNTY | STATE |
| _ | | Burial | 9-17- | -79 R | ose H | Ill Cemetery | -4 | wn, Wa | ashingt | |
| DM | | UNERAL DIRECTOR | | | | 25g. DAT | E REC'D. BY REGISTRA | R 256. REGIST | TRAR'S SIGNA | TURE . |
| /7B | A. | K. Coffman Fu | neral Ho | ne, Inc., | Hager | stown, Md | Den 4 0 107 | | Pictory | balland. |
| | | | | | | | SEP 1 9 19/ | 3 / | 14 15 11 11 11 11 11 11 11 11 11 11 11 11 | |

STATE OF MARYLAND



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely tilled in by the should be detached for use as the buriol-transit permit. Then please remove carbompopers. Pages 1 and 2 should be first with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

STATE OF MARYLAND

| 9 | | 2 | 3 | 4 | 8 | |
|----|-------|---|---|---|---|--|
| RE | G. NO | | | | | |

| | 1. | - STATE REGISTRAR | DEPARTA | CERTIFICATE OF DEATH | REG. NO. | 3 4 8 5 |
|-------------------------|---------------|--|--|---|--|---|
| | | CEASED NAME FIRST TUA | Marsh | Toll | | 1979 8:19 A |
| | 3 SE | <u>x</u> emele | Cauc | Dec 14. 1894 | 6. AGE (IN YEARS LÀST BIRTHDAY) YRS | IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN |
| 35 | | IRTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHAT COUNTRY? | 8 MARRIED NEVER MARRIED UNIDOWED DIVORCED | BALTIMORE CITY OR COUNTY Washing to n | OF DEATH On MD. |
| P 00 | 10.C | I ams por . | 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY GIVE STREET) 2716 Long Street | GHOME OR OTHER INSTITUTION ADDRESS) Drive | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF | 126 KIND OF BUSINESS OR INDUSTRY, MAG |
| 135 | 130 | STATE Ma. 136 COUN | OTHER INSTITUTION, GIVE RESIDENCE BEFORE 134, CITY OR TOWN | N 134 INSIDE CITY LIMITS? | 130 STREET ADDRESS Willi 2716 Lanastreat | Drive Md. |
| OlComing Street | | Edward To | aulor Mars. | 15 MOTHER'S MAIDEN NAM | MIDDLE | Marshall |
| e medico | 16a \ | NAS DECEASED EVER IN U.S. AR) YES, NO OR UNKNOWN) (IF YES, GIVE | MED FORCES? 16b SOCIAL SECU 217-05- | -5044Mys, Elise Tron | nonti, 2716 Longstre | |
| event, th | | PART I. DE ATH WAS CAUSE | oly one couse per line for (a), (b), one D BY TE CAUSE (a) | schonofic Cand | 10-vesulor | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| ury, or other troumatic | z | Conditions, if ony, which gove rise to immediate couse io stoting the underlying couse lost | DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D | | inal disease or condition giv | EN IN PART 110 |
| ows ony in | CERTIFICATION | 190 DATE OF OPERATION | 196. CONDITION FOR WHICH | OPERATION WAS PERFORMED | | , WERE FINDINGS USED YING CAUSES OF DEATH? S \(\cap \) NO \(\cap \) |
| 9 ye | ICAL CERT | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | | 21c. HOW INJURY OCCURR | RED CENTER NATURE OF INJURY IN ITEM 18. P. | |
| rkedorli | MEDIC | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA | ARM, ETC.) 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| 21 is mo | | 220.1 certify that (I) (this hospit sow the deceased alive an above, (I) (we (did) (did no | tol) oftended the deceosed from 19 7 | 9 , and that in (my) (auch opinion of | , to De Do ZO, death occurred on the date and hou | 19, that (I) (==) lost and from the couses stated |
| AT: # Item | 4 | MMBU | lux | DEGREE ATTENDING PHYSICIAN TO | MEDICAL STAFF DIRECTOR PHYSICIAN | 221. DATE SIGNED Sort 20, 1979 |
| MPORTANI | | ME BY | vKit | 22e ADDRESS W W DAW | isport W | 2 |
| d l | 230 (| BURIAL, CREMATION, REMOVAL SPECIFY) BURIA | Sept. 23,1979 SU | AME OF CEMETERY OR CREMATORY | K Berlin RFD | Wor. Md. |

BP.

DHMH - 16 50M 1/76 (VR A 15 (4))

Bullow Williams St. Berlin, Md.

250 DATE REC'D BY REGISTRAN 256, REGISTRAN'S SIGNATULE

| 12 3 3 3 5 5 | | |
|--------------|----------------|--------------------|
| | | |
| | | |
| | | AND THE RESERVE OF |
| | | |
| | | |
| | | Lock |
| | and some also | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | 140)1 11 | 3 M |
| | | |
| | Terror Alberta | |

FOR

STATE OF MARYLAND

A STATE OF THE STA

Female Vhite Hey 13, 1898

The ordered to the any content of the any content of the any content of the conte

ex. Edger G. Farus, sundruland, brother

notantial war off.

huminal 0-28-1079 Cooks Mil Venntery Less Evriment, co.

. see a . . come elli, unaborium, c.

| | 1. | FOR STATE REGISTRAR | | | ARTMENT OF H CERTIF | OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH | GIENE / 9 | 2 | 3 4 | 8 7 |
|--|---------------|--|--|------------------|------------------------|---|---|-----------------|-----------------------------------|-------------------------------|
| of the second | | CEASED NAME FIRST SOLVEN | Alm | DDLE . | Walk | AST CONTRACTOR | 99 | 179 | DAY YEAR | 26 HOUR A |
| oge 4 mo | 3. SE | F | | ragia | | OAY · YEAR | 6 AGE (IN YEARS LAST BIRTI | YRS | IF UNDER 1 YEAR | IF UNOFR 24 HRS HOURS MIN. |
| deoth. Pour nin 72 ho | V | RTHPLACE ISTATE OR FOREIGN OUNTRY) irginia | 76. CITIZEN OF W | | MARRIEL | | 9 BALTIMORE CITY O | hin | gton | MD. |
| by the fune filed within | | Hagerstown | Western | FACILITY, GIVE S | treet ADDRESSI | pital Center | 120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF | WORKING LIF | E) INDUSTRY | home |
| in 24 hou ly filled in should be er must be | 130. | | ington | Hagers | OWN | 13d INSIDE CITY LIMITS? YES 🔣 NO 🗌 | Apt. 11, P | otoma | c Tower | `s |
| omplete l ond 2 | | | C. | Jenh | | 15. MOTHER'S MAIDEN NA Mary | M. | | | enkins |
| be execu | - (| | WAR OR GATEEL | | 5-2126 | Mardy Bree | | | nge, V | |
| rificote b physicio propapers. emovol. | N. | 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA) | ly one couse per li D BY: 'E CAUSE (0) | 0 1 | | piratory | arrest | | | ONSET AND DEATH |
| e offending move corbo notion, or re troumotic e | | 4140 Conditions, if ony, which | | | EQUENCE OF | heavy / | failure | | n | routhe |
| that the d by the ease rem ol, cremo | | gave rise to immediate couse (a), stating the underlying cause lost | DUE TO, OR | AS A CONSE | VIOSCE | erotichea | rf diseas | Se | 141 | rg. |
| en signer Then pl or to buri | LION | PART 2. OTHER SIGNIFICANT (| | | | | | 1000 | | 102.4 |
| icion. ite hos be- nsit permit rgiene pric | CERTIFICATION | 190 DATE OF OPERATION | | | TICH OPERATION | N WAS PERFORMED | 200 AUTOPSY? YES NO | IN CERTIF | S, WERE FINDI YING CAUSES S | NGS USED 5 OF DEATH? NO |
| ding physicio is certificate buriol-tronsit Mentol Hygie or Item 18 sho | MEDICAL CE | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | HOUR A.M | I. MONTH | DAY YEAR | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJUR | Y IN ITEM 18, P | ART 1 OR PART 2 | |
| ottendii fter this os the bu th ond M | MED | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE O (AT HOME, STRE | ET, FACTORY, OF | FICE, FARM, ETC.) | 211 LOCATION STREET | CITY OR TOW | 'n | COUNTY | STATE |
| OR ATTENDI ce hospitol or DIRECTOR: A oched for use Dept, of Heol | că. | 22a. certify that (this haspi saw the deceased alive an above, (1) (wet (did)) (did no | 0, 1 | 8 | 19 79. on | d that in (my) (our) opinion | death occurred on the do | ote and hou | | |
| y the horal or y the horal or or Director or o | | 1276. SIGNATURE | P Puls | no mi | | | MEDICAL STAF | | 22c. DATE | SIGNED THE |
| TO HOSPITAL Cretoined by the TO FUNERAL D should be detoc with the State D IMPORTANT: If | | Florecita | R PRINT) | alow | | 1500 P | emsylvan | a A | in Hay | perstour |
| BP | L (| BURIAL, CREMATION, REMOVAL SPECIFY) Burial | 23b. DATE 9-12-] | | | Cemetery OR CREMATORY | 23d LOCATION CITY OF TOWN Etlan | | | rginia |
| MH - 16 50M 7/77 (VR A 15 (4)) | | Wattherre. Pum | phrey, Avenue, | Incomes | live & | Wind | TEREC'D. BY REGISTRAR | 25b. REGIST | AR'S SIGN | Charle |

and the second of the second o Name of the Police of the Article and the Article of the Article o 5 m Jay 6 mm 36 8 6 335

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

Hear Liver Mintel Deser, Albert Liver Co., ich

C. C. and C. C. and C. C. C. Street, S indian date to the second of t - Classes Control Parter Tout, Bonnebart, 122. . Dr. . I Li suppre